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ed be see of the see o			3481 M	EDICA	L EXAMINI	ER'S	CERTIFI	CATE OF	DEATH	Reg.	Dist. No		4
mat mat	1.	LACE OF DEATH					2. USUAL RESIDE	NCE (Where dece	sed lived. If institu	ition; Resi	dence bel	ore odm	sion)
2 4 55		. COUNTY	Allegany		MARY		o. STATE	Md.	b. COUNT	AL	lega	100	\$
Poge buriol	Ь	. CITY OR TOWN and give necres to	(If outside corporate limits, v	write BURAL	c. LENGTH OF STAY	N Ib	c. CITY OR TO	WN (If outside co	rporote limits, write	RURAL O	nd give n	egrest to	own)
o bi		- 15 MA 200	berland		3 yrs.			berland					200
s ne				•	pital, give street address)	d. STREET ADD		<i>a</i>			ON	A FARM?
dy is ned directed files.	-		Sacred I				118 1	arrison	St.			YES	ио:
funeral direction in your files, registrar pr	-1	NAME OF DECEASED		First	Middle		Lost A and T and	4. DATE OF	Menti		Doy		rear
for you	5. 5	Type or print)		lliam	Earl		Arble	DEATH	24/24		25		9 56
# to the		_			ED NEVER MARRIED			000	9. AGE (In years last birthday)	Months	R TYEAR	Hours	ER 24 HRS. Min.
the bind the state of the state	_	male	white	WIDOWE			ec.12-1	/ 1	90 уп.				
de 3	d	uring most of work	ing life, even if refire	done 105. 1	KIND OF BUSINESS OR I	MDOZIK	TIL BIRTHPLACE	E (State or fareign					COUNTRY?
S, or be and	-	FATHER'S NAME	Paper na	inger	Self			ton, W. V	a.		.S.,	A e	
25 - E 20	13.		ata Vand	mani f	1.		14. MOTHER'S MA		A solo 7 a				
24 hau	15		sia Vando		SOCIAL SECURITY NO.	117 (6)	FORMANT	n Arbbi	Al'Die				
Page		no, or unknown)	(If yes, give war or dates		SOCIAL SECURIT NO.	1		la 37a a 3 a		/1	7		7.57
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2 8 9 E			ATH [Enter only one of ATH WAS CAUSED BY								ONSE	T AND DE	ATH
form it per		9750	IMMEDIATE CAUSE	(o) ASD	hyxla						a	bout	
ans dist		1101	DUE T	Jana								5 m1	in.
of y w		Conditions, If	ediate couse		wning							1 1111	FILE
pencil pencil burial		(a), stating the	underlying DUE T										
2 0 0 0	z		THER SIGNIFICANT CO	(e)	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO TH	E TERMINAL DISEA	SE CONDITION GIV	EN IN PA	RT 1(n) 1	9. WAS	AUTOPSY
O Se de	CATION			- Salaria									RMED?
endife er's s us	문	200. EXTERNAL CA	AUSE WAS	20b. DESCRIB	E HOW INJURY OCCUR	RED. (Er	ter noture of injury	r in Part I or Part I	l of item 18.)	-		ivei	
o si E p	CERTIFI	200. EXTERNAL CAPRIMARY OF OF COLUMN OF DEATH	ONTRIBUTING DE		ed of Cumb					into			
Exa Poor	1 - 1	20c. TIME OF INJ	JRY Month, Day,				E OF INJURY (Hon				aunly)	or Comme	(State)
A EX NER.	MEDICAL	4 15 p. m	· Annil O	White		focto	ry, street, office blo	dg., etc.)	berland	7.7.7	egai		113
A ded in a d	-			/ / / /	remains described	aboy			Inspection 3.		-		find that
E. P. P.			d from: Nature	. pm			a person		Indetermined o	-	7	and	mu mu
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certificate, certificate, ad to the CAL DIRECTION.		ACTUAL 7	1.V()	- wear	+ W. A		M.D. CHIEF MED	CAL EXAMINER	1			DATE S	CHADIS
M. To		SIGNATURE	11110		1		m.v.	MEDICAL EXAMIN					
UTY rdec nave		EXAMINER'S NAME (Type)	H.V.Dem	ne 10	b .				MApril :	26-7	956		
D DEPUTY MEDICAL EX cute the certificate, writ forwarded to the Chief or remayal.	220		ON, 226. DATE THER	EOF	22c. NAME OF CEMETE	RY OR (ATION (City, town,			(State	e)
2 2 2 2		REMOVAL (Specify Burial	ON, 226. DATE THER	7. 195	6 Allegany	Cor	inty Ceme		umberland		-		
		FUNERAL DIRECTO			ADDRESS	300		a. REC'D BY REGIS					
VS. A15ME(5) 5M 9/55	W:	illiam H.	Kight, Cu	mberla	nd, Marylan	d.	9	Beril 27	1956 71	4.	ran	the	M.2

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SSER CERTIFICATE OF DEATH

BUREAU V. S.

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BECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Within corporate limits 3483 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY g. STATE MARYLAND Allegany Allegany to burial, b. CITY OR TOWN III autside corporate limits, write RURAL c. CiTY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 and give nearest town) Cumberland Vrs. Cumberland MF d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OF INSTITUTION (If not in-hospital, give street address) ON A FARM? YES NO NO Independence à A.at the Sacred Weart Mosnital 4. DATE Middle Last Month Day Year OF DEATH DECEASED 19 56 (Type or print) April Richard Beavers 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED 1 8. DATE OF BIRTH lost birthday) Months WIDOWED [7] DIVORCED T yn. male 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 5 CH Vendor Operator -for Maryland Sterling . Va. U.S.A. and ietired 13. FATHER'S NAME Workshop for the Blind 14. MOTHER'S MAIDEN NAME MOY Sarah Reeves Beaver Pages 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 010-30-6842 (wife) Clara Beavers Cumberland M3. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY Peritonitis about davs IMMEDIATE CAUSE (o) Ruptured gallbladder DUE TO Acute pancreatitis Conditions, If any, which) gove rise to immediate cause DUE TO (a), stating the underlying also had coronary sclerosis couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? O YES SE NO | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) shauld 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not while 69 at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy (*). Inspection (**), Inquiry (**), and find that cute the certifical riting farwarded to the fet ATO FUNERAL DIRECTOR: P death resulted from: Natural causes k, Accident , Suicide . Homicide . Undetermined couse . DATE SIGNED ACTUAL 22mmg CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Anni 30-1956 NAME (Type) V. Demine 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) West Virginia Queen's Point Cemetery May 2 1956 Keyser. Burial 246. REGISTRAR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE VS. A15ME(5) Silcox Funeral Home, Cumberland, Maryland.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate limits Reg. Dist. 03454 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND ALLEGAMY PENNSYT.VANITA b. C.TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs de corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should CURRERI LAND THRULE CREEK d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 25 CRITP MIRSTYG YES THE NO T 18 3. NAME OF First 4. DATE Middle Lost Month Day Year DECEASED 1956 (Type or print) DEATH AUGUSTUS REPRESENTATION Ô 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH pletel) Months Days Hours DIVORCED [WIDOWED [7] JATE LUTTUE YES. 1-19-1901 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) for brother-in-law Retired carpenter Marvland United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TOTTS PURKENBAUGH MYA MYPER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dotte of service) Nο 18. CAUSE OF DEATH [Enter only one couse per line fog (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cotise (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 19 5 7 that I lost sow the deceosed 21. I certify that I ottended the deceased from. and that death occurred at 3 2 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DIRECT ACTUAL SIGNATURE Pid FUNERAL D PHYSICIAN'S PRESENTATION NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

CHARLIS CEMETERY

24g. REC'D BY REGISTRAR

ADDRESS

(State)

24b. REGISTRAR'S SIGNATURE

15M 9/55

REMOVAL (Specify)

DURST

23. FUNERAL DIRECTOR'S SIGNATURE

8 .V L.

VS A15 (4) 15M 9/55

03455 No.

		٠,	03:	7	CERTIF	- ICA	AIE OF L	MIN			Reg. Dist	l. No.	0	
	PLACE OF DEATH	egany			MARYL	AND	o. STATE -	DENCE (Whe	re deceased	lived If instituti b. COUNTY	on: Residence	e before	admission	n)
	b. CITY OR TOWN (If RURAL and give new	outside corporate limi	ls, write	c. LENG	TH OF STAY II	N Ib	c. CITY OR 1	TOWN (If ou	tside corpor	ote limits, write R	URAL and g	ve near	est town)	
	Midland			50	vrsl]	Widla	nd					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)			d. STREET A	DDRESS					ON A F	
3.	NAME OF DECEASED	Fir	ıt		Middle		Los	1	4. DATE	Mon	ith	Day	Ye	or
	(Type or print)	JANE		S.		B	LAIR		DEATH	4/19/	1956		19	
5.	SEX	6. COLOR OR RACE	7. MARR	IED N	EVER MARRIED		B DATE OF BIRTI	н		9. AGE (In years	IF UNDER I			
F	'emale	White	WIDOW	D 🚹	DIVORCED		Sept,	9th.	186	Ba 87 yrs.	Months	Days	Hours	Min
100	. USUAL OCCUPATION during most of working	N (Give kind of work of	lone 10b.	KIND OF	BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State o	r foreign co	untry)	12 CITI	ZEN OF	WHAT C	OUNTRYP
	House						Sc	otlan	đ		U.	S.A	ie .	
13.	FATHER'S NAME						14. MOTHER'S	MAIDEN NA	WE					
	Ar	thur Stu	art				Ma	ry Gr	ey					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SE	CURITY NO.	17. II	NFORMANT			Add	ress			
111	No	f yes, give wor or dates of so		one										
ī		TH [Enter only one co	use per lir	ne for (o),	(b), and (c).]		1 (1.				INTER	VAL BETV	VEEN
	PART f, DEAT	H WAS CAUSED BY:	0	en d	estro	0	1001	t bi	Ç.,,	£ .		ONSE	T AND D	
	442X	DUE TO		1			V.C. Komar					Se		~
	Conditions, if an	u which i	(i	215	LAL DS	010	i izav.					- Carl		
	gove rise to im	mediate (i i						AC -	(
	tying couse lost.	he <u>under-</u>	0	hic	me	V	eiolano	5125				14	(4.4)	
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUT	ING TO DEAT	TH BUT			AL DISEASE	CONDITION GIV	'EN IN PART	***	PERFORA	AED?
Š	20- ACCIDENT MAI	I INDESTRUCTION OF	not DEC	70107 1401	A button of	CHARGE	15.						YES 🔲 I	NO []
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	200. DES	-KIBE HOV	W INJURY OC	CURRE	D. (Enter noture o	t injury in Po	iri I or Pari	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. 31.	Month, Day, Yea	r 20d, It While at work		while	Oe. PL/	CE OF INJURY (I tory, street, office	Home, farm, bldg., etc.)	20f. (City	or fown)	(Co	ounly)		(Stole)
2	p. m.				1			<i>C.</i>	-7	In (-1	/			
	# T T	at I attended the	decease		L.	1.				19, 1950				
	alive on Spa		_, 123	6	and that a	death	occurred at:			the causes o		e date		
	ACTUAL SIGNATURE	Rise	nie		7.		W.D.	Α	DORESS (Str	eet, city or lown.	state)		DAT	E SIGNED
	PHYSICIAN'S NAME (Type)	Leslie	R. M	iles,	Jr.,M.	D.	***************************************	Lo	nacon	ing, Md.			T der die der von eer vo	
22:	BURIAL, CREMATION REMOVAL (Specify)	4/22/19			ME OF CEMET		R CREMATORY	1		on (City, town, o			(Stale)	
23.	FUNERAL DIRECTOR'S		7	ADD		3/0		24a. REC'D	Strin	AR 246 REGIS	TRAR'S SIGI	NATURE		7
	George E	lichhorn,	TOI	IRC OI	ning,	MD.	•	DATE AL	-11_	-17 (La	. 1	r.)	20/0	1-1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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3539 **CERTIFICATE OF DEATH** 03457

Reg. Dist. No.

a. COUNTY	Allega	ny	MAR	YLAND	o. STATE		rland	d aved. If instit b COUN		ence before .lega:		
6 CITY OR TOWN (RURAL and give n Frost		ts, write	c. LENGTH OF STATE		II .			orate limits, write avage	RURAL ond	give neare	st fown)	
OR INSTITUTION	TAL (If not in hospital, or Hospital	_	address)		d. STREET	ADDRESS				}	IS RESIDENCE ON A FARMY YES NO	7-
3. NAME OF DECEASED (Type or print)	LAURA	st	Middle BELLI		BOW.		4. DATE OF DEATH	///	Jonih	300y	Year	6
5. SEX	white		NEVER MARR		B. DATE OF BIRT		-	9. AGE (la year lost dirithday	() Months		Hours Min	
female		WIDOWI	Travel .	the same of	6.1.	188						
10a. USUAL OCCUPATE during most of wor			KIND OF BOSINESS	OK INDU	SIRY II BIRIHY	LACE (State of	or foreign c	ountry)	117 C		WHAT COUN	TRY?
housewo	rk		own home			est V		nia		Ui	SA	
13. FATHER'S NAME	TT TT * 3	1.77 .			14. MOTHER'S		_	Damon				
	n F. Frid					Sara.	n E.	Doman				
15, WAS DECEASED EVI (Yes, no. or unknown)	If yes, gave wer or detect of a	esaice)			NFORMANT	T	. ,		ddress	312		
		1	none	ال	ohn W	Bown	an, r	Mt. Sav	rage,	Mu.		
	ATH [Enter only one co ATH WAS CAUSED BY	iuse per lia	ne for (a), (b) (bed (c)	列力	S.V.						VAL BETWELN	
TORE IS DEP	IMMEDIATE CAUSE (a	1 6	n con	ce.	2016	100	0	,				
4-00.0	DUE TO		100.0		1 /		. //	1				
Conditions, if a		1	you.	201	20 1.	SIA	9/1	260				
couse (a), stating			<i>[i</i>									
lying couse last.) (c	1	<u> </u>			U						
CATH	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO CE	EATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION (HVEN IN PA		WAS AUTOPS PERFORMED? 'ES NO!	1
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRE	D. (Enter noture o	of injury in P	ort I or Par	1 11 of item 18.)			,	
ZOC. TIME OF INJUST HOUR O. J., p. m.	Y Month, Day, Ye	White	Not while		ACE OF INJURY office			or town)		(County)	(Sta	te)
	gat I attended the	decease	ad from MA	1//	1250	- 10 /h	hs/	30,195	Bull	I		
alive an M.	21/31	12_					Aus					
	1 0 A	/	D'., did tho	i ueam	accurred at	71424	ADDRESS IS	n the causes treet, city of tow	and on	the date	Stated ab	
ACTUAL SIGNATURE	118/11	to	une		M.D	٦	1	クオト	LIA	Me	1	1460
PHYSICIAN'S NAME (Type)	14/11		ane						//	ypi	3019	36
220. BURIAL, CREMATIC REMOVAL (Specify)	N. 22b. DATE THEREC)F	22c. NAME OF CEN	AETERY O	R CREMATORY		22d. LOCAT	TION (City, town	or county)		(State)	
Burial	5-3-56		Mathodis	t Ce	metery		Mt	. Sava	ge,	Md.		
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24a. REC'D	BY REGIST	RAR 245 REG	GISTRAR'S SI	IGNATURE		_
JR	Durst.	Fr	osthurg.	Md.		DATE 4	. 2 (4. 711	, Y.		1/6	7

'B' A DITTI NO

9901

VS. A15ME(5) 5M 9/55

James F. Scarpelli, Cumberland, Maryland

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VS A15 (4) 15M 9/55 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3550	CERTIFICATE	OF	DEATH
en Maria de la como dela como de la como de			

Reg. Dist. No. 3459

1. PLACE OF DEATH o. COUNTY	Allegant	MARYLAND	2. USUAL RESIDENCE (W)	nere deceased lived. If institution b COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write Ruli	The Principle of Street, and the Principle of Street, and the Principle of Street, and the Str
RURAL and give no LODACO	ning	68yrs.	li _	coning	>^
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give stree	t address)	d. STREET ADDRESS		6. IS RESIDENCE ON A FARM?
Wate	rcliffe Stre	et	Water	cliffe Street	YES NO
3. NAME OF DECEASED	First	Middle	lest	4. DATE Month	Day Year
(Type or print)	CATHERINE	The second of th	RODERICK	DEATH APPI	- 17
5. SEX	6. COLOR OR RACE 7. MAS	RRIED NEVER MARRIED	8. DATE OF BIRTH	lost bighday)	FUNDER I YEAR IF UNDER 24 HRS Months Days Hours Min.
Female	White wood	- Lad	Sept 29.18	87 68 711	Months Days Hours Willi,
100 USUAL OCCUPATION during most of world	DN (Give kind of work done 10b king lite, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hous	ework	Own Home	Lonacon	ing, MD.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
Patri	ck Stakem		Catheri	ne E. Cavar	naugh
	R IN U. S ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. I	NFORMANT	Addres	\$
NO		None	William Bro	derick, Lonac	oning, MD.
18. CAUSE OF DEA	ATH (Enter only one couse per	ine for (a), (b), and (c).]	(HUSBAN	ע)	INTERVAL BETWEEN
PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(provaly	Culculin		ONSET AND DEATH
4220.1				~	
Conditions, if a		IL Do. You	Six Carlin	32 Les Jus	2-412
gave rise ta i	m mediale	1	- CHI - CHELLICOR	2 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.22
lying couse last.	(c)				
PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY
E S	Concert	we the wat	Fa. Carre		PERFORMED? YES NO N
PART II. OTH	AS UNDERLYING 200 DE	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in f	Part I or Part II of item 18)	1
20c. TIME OF INJUR	White		ACE OF INJURY (Home, form ctary, street, office bidg., etc.	20f. (City or town)	(County) (State)
21. I costify th	ot I ottended the deceo	sed from	10 D to 1	23(10) 10 77	that I last saw the deceased
olive on	23 (2) 19		accurred at G CS	Dat Education 17	d on the dote stoted above.
01110 01133334		Last Miller Mor deom		aDDRESS (Street, city or town, sto	
ACTUAL	Levi alle	La district	4		1 4. 94.57
SIGNATURE	1	11-	M.D.	12 may 17	1
PHYSICIAN'S NAME (Type)	9/	1/		.7	
220. BURIAL CREMATIO	N, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, lown, or	caunty) (State)
Burial (Specify)	4/26/1956	ST. Marvs	Cemetery.	Lonaconing.	MD.
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		- 07	RAR'S SIGNATURE
George E	ichhorn Lo	naconing, MI		-26/5% Don	nette M Book
		The second secon		- GHT 6-7	

BUREAU V. S.

No.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03460

eg Dist No

Reg. Dist. No. ... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED i s med and COUNTY Allegany COUNTY MARYLAND (If outside corporate limits, write RURAL (ff outside corporate limits, write RURAL and give necrest town) LENGTH OF STAY 6 and give negrest town) (in this place) TOWN 55777 TOWN Cumber 1 - nd HOSPITAL OR (If rural give location) INSTITUTION OR ADDRESS within To F Tatte . STREET ADDRESS 3. NAME OF (Month) (Year) DECEASED ragistra by the f (Type or Print) arril William Brown 5. SEX COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR HE UNDER 24 HRS WIDOWED, DIVORCED Months Hours march 4, I879 (Specify) JAPT187 11 £.⊑ 10a USUAL OCCUPATION (Grye kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? Dennis N. C. retired Boilerma ker Failroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CERETetel A 'nds H' - ins L death certifical ba physician. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give war or dates of service) wife- Sally Brown ISIA Lang, atte 0 and INTERVAL BETWEEN 8. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 1/ 3 . , IMMEDIATE CAUSE #hyllicia ■SП DUE TO ANTECEDENT CAUSE(S) The law requires that the side by the attenting the simuld be deficied for u DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES | NO / 210. ACCIDENT WAS UNDERLYING 21b PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) PHILLIPS OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) **DIRECTOR:** 21d. TIME OF INJURY (Month) (Day) (Year) 21f. HOW DID INJURY OCCUR? wertifical memily 216. INJURY OCCURRED While Not while et work at work peell 22. I hereby certify that T attended the deceased from ... 19 that I last saw the deceased has alive on f. fr. 43 FUNERAL SIGNATURE ADDRESS (Street, city, town, state) 10M DATE SIGNED cartificate death LOCATION (City, Jown, or county) 23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY Lalily Cem. An ing 4_T^_53 25. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

INSTRUCTIONS

INST
NDING PHYSICIAN OF HOSPITAL: The law rection copy may be retained by the hospital or attending



& .V UAERITE

14 fr. 18.

Vitulia corporara	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3488 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03461
rould be	Reg. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where decrosed lived. If Institution: Residence (Where decrosed lived.)	Dist. No. 4
	Allegany MARYLAND Pennsylvania	Bedford
Pag Pag burial,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret fown) c. CITY OR TOWN (If autside corporate limits, write RURAL and give negret fown)	d give nearest town)
r. P.	_ Cumberland Centerville	1 - Pi
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
director dir	D. O. A. at the Sacred Heart Hospital R.F.D. #3, Bedford Valley	YES NO
ny delo neral o yaur fi gistrar	3. NAME OF First Middle Lost 4 DATE Month OF	Day Year
any de funeral r yaur registr	(Type or print) ALICE G. BRUNER DEATH APRIL	19, 19 56
he for he ra	ioal birthday)	R TYEAR IF UNDER 24 HRS.
i i i i i i i i i i i i i i i i i i i	Female White WIDOWED DIVORCED March 3, 1881 75 yrs	Days Hours Min.
2 × 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. C1 during most of working life, even if retired)	IZEN OF WHAT COUNTRY?
be d	Housewife Own Home Bedford Valley, Pennsylvania	USA
5 5	13. FATHER'S NAME	
	Levi Hartman Mary Smith	
Poges age 5	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (You, no, or unknown) (If yes, give wor or dones of service)	
S C III	No None Mabel Growden, Bedford Valley, Pe	nna.
AKG.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
De 1 2 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PART I. DEATH WAS CAUSED BY: Coronary occlusion	Sudden
Tre family for the second seco	420.1 DUE TO	
o.c. = = = = = = = = = = = = = = = = = =	Canditions, if any, which (b) Coronary sclerosis	?
in oil	gave rise to immediate couse (a), stating the underlying DUE TO	
al b	cause last. (c) Arteriosclerosis	?
ding" is	PART IL OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PAI 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of Item 18.)	RT 1(a) 19, WAS AUTOPSY PERFORMED? YES NO K
the war dical Ex e 3 shau	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bidg., stc.) While Not while of work of work of work	unty) (Stote)
Page edit	21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inqui	ry Da. and find that
ä ä	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined cause	
DIRECTO	ACTUAL SIGNATURE SIGNATURE OF CHIEF MEDICAL EXAMINER []	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER	
The car arded I	EXAMINER'S H. V. Deming, M.D. DEPUTY MEDICAL EXAMINER D	April 19, 195
5 2 E P E	220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
2320	Burial April 22. 1956 Bethel Methodist Cem. Bedford Valley, F	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	
'S. A15ME(5)		GNATUKS
5M 9/55	John J. Hafer, Cumberland, Maryland.	out m)

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995I 87 8A5



corrorate	Hit	34 89	CERTIFICA	ATE OF DEATH	-BALTIMORE, 18 	U3462
>		PLACE OF DEATH ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WING	ere deceased fived. If institution: R b. COUNTY	esidence before admission) ALLEGANY
)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	Itside corporate limits, write RURAI	ond give nearest town)
		OR INSTITUTION MEMORIAL HOSPITAL ME	MORIAL AVE.	d. STREET ADDRESS 225 S.ME.C.	HANIC ST.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED TYPE OF PRINT MRS HAZEL	- Middle Be	BURKE Lost	4. DATE Month OF DEATH APRIL	25 Pay Year 25 19 56
	5. S	EX 6. COLOR OR RACE 7. MAR WHITE WIDOW		B. DATE OF BIRTH APRIL 12 189	lost birthday) Mo	NDER TYEAR IF UNDER 24 HR nths Days Hours Min.
deoth.	10a	USUAL OCCUPATION (Give kind of work done 10b during most of warking life, even if retired) HOUSEWITE	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SION O	or foreign country)	2. CITIZEN OF WHAT COUNT
s offer	13.	FATHER'S NAME JOSEPH KRIMM		BERTHA MILI		
2 hour	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) [If yes, give wer or dates of service) NO		MORIAL HOSPITA	Address AL. CUMBERLAND M	n
ent within		18. CAUSE OF DEATH [Enter only one cause per le PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		a Breas	T c	INTERVAL BETWEEN
nd in any		Conditions, if any, which gove rise to immediate cotse (a), stating the under-lying couse lost.	generally	ed met	ostine	2 years
navat, o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN I	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
, or ref	CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort 1 or Part II of Item 18]	
emation	MEDICAL	Hour o.m. While		ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or town)	(County) (State
rior ta burial, cr		21. I certify that I attended the decearative an 2.5 19-	man d	accurred at 2:20	M, fram the causes and DDRESS (Street, city or town, state	an the date stated abo
istror p		PHYSICIAN'S George M. Simor			mi	
the r		Burial, cremation, 226. Date thereof REMOVAL (Specify) Burial April 28,1956		i	22d. LOCATION (City, town, or con Cumberland, hd.	
	23.	FUNERAL DIRECTOR'S SIGNATURE Charles L. George Cumb	ADDRESS	24g, REC'D	BY REGISTRAR 24b. REGISTRAL	S SIGNATURE .

4 9 E

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TA MARINE

The state of the s

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24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

15M P/55

23 FUNERAL DIRECTOR'S SIGNATURE

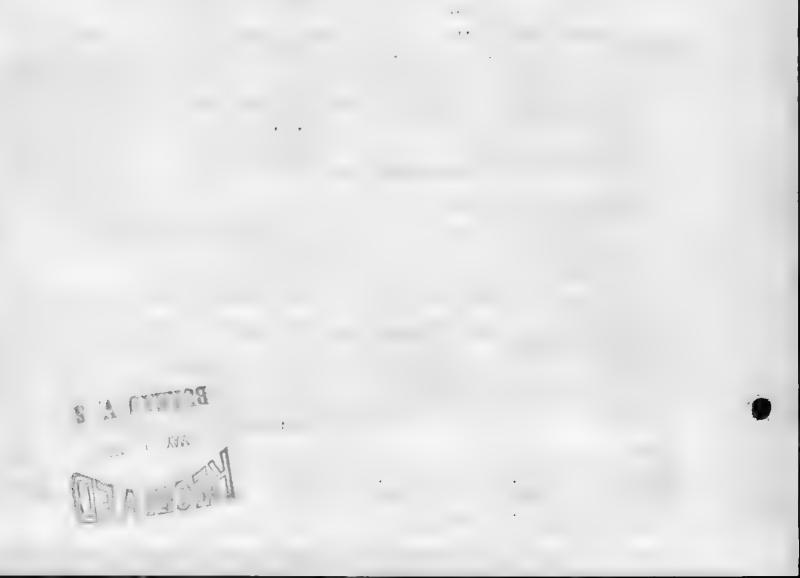
A Property

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer, Cumberland, Maryland



BULLING TO

copy

Coctificate be executed within 24

NSTRUCTION.

The bottom copy may be retained by the hospital or attending physician.

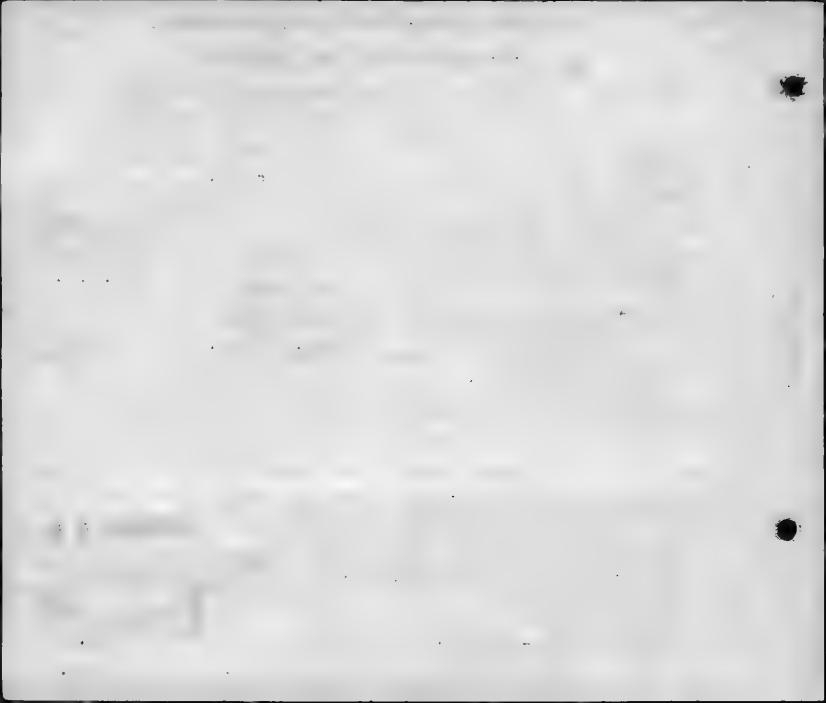
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03467

3551

CERTIFICATE OF DEATH

3551	CERTIFICA	IE OF DE	A I II	leg. Dist. No.	4
1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF E	ECEASED	
COUNTY Allegany	MARYLAND	STATE Mary	land county	Allegany	
CITY (If outside corporate limits, write RURAL OR and give neares) town)	LENGTH OF STAY (in this place)	CITY (N outside c	orporate limits, write RURAL	and give nearest town)
Cumberland	19 days	TOWN	Ctall Frostbu	irg	,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Reta	reat.	STREET ADDRESS Lyri	(H rural 9	ive location)	
3. NAME OF (First)	(Middle)	(Lasi)	4. DATE (Me	onth) (Day)	(Yaar)
(Type or Print) Minnie	D	Condon	DEATH A		1,56
5. SEX 6. COLOR OR 7. SING	CALLED BUILDING	ate of Birth rch 3 1877	9. AGE lest birthdey 79 yrs.	Months Deys	Hours Min.
10s. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BRTHPLACE (State or	loreign country)	12. CITI2	EN OF WHAT
done during most of working life, even it retired) housework	own home	Maryla	and		A. A.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME		-
Micheal Condon		Catheri	ne Blake		
15. WAS DECEASED EVER IN U. S. ARMED FORCE		O. 17. INFORMANT	& ADDRESS		
(Yes, sive wer or datas of serv	none none	(hro.) Jo	seph M. Conde	on. same a	ddress
I DISEASES OR CONDITIONS DIRECTLY LEADING		CERTIFICATION		I INT	ERVAL BETWEEN SET AND DEATH
	10 DENIE 2 1/2	doulas It	east Dine	11-0	> >
· / IMMEDIATE CAUSE (A)	- CPCONCE VE	acouran of		1	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)	Goward	1 artore	oseliro	sia,	7
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Al.	- 5	1		
(C)	Chrone	e het	retro		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	5 Sevel	e poyas	Rosio		
190. DATE OF OPERATION 196, MAJOR	FINDINGS OF OPERATION	<i>V</i>		Z YES	O. AUTOPSY?
216. ACCIDENT WAS UNDERLYING 216. PE OR CONTRIBUTING CAUSE OF DEATH OF INJU- (IF EITHER, NOTIFY MEDICAL EXAMINER)	LACE (Home, farm, lectory, URY street, office bldg., etc.)	21c. WHERE DID INJURY OC	CCUR? (City or town)	(County)	(Slefa)
21d. TIME OF INJURY (Month) (Day) (Yaar) (H	lour) 21a, INJURY OCCURRED While Not while M. et work et work	211, HOW DID INJURY OF	CCUR?		
22. I hereby certify that I attended	the deceased fromMana	h. 15., 19.56, 10	pri.1 .2, 19.56	, that I last sa	w the decease
alive on April 2 , 1956	, and that death occurr				re.
SIGNATURE	S	21 - 7	DDRESS (Street, city, to	vn, state)	DATE SIGNE
23. BURIAL CREMATION. I DATE THEREO	Leau M.C	Y OR CREMATORY	LOCATION (City, tow	7	(Slate)
REMOVAL (SPECIFY)					
Burial 4-5-1 24. REC'D BY REGISTRAR REGISTRAR'S	956 St. Mich	ael's Cemeter	'y Frostbu	rg, Md	
er. Red D BI REGISTRAK REGISTRAK'S					



COLDS	la	da .	DEPARTM	ENT OF HEALTH—BALTIM	ORE, 18 03468
-		DR. W. E. WAS 3494	CERTIFICA	ATE OF DEATH	Reg. Dist. No.
04	-	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived	/
*		ALLEGANY	MARYLAND		b. COUNTY ALLEGANY
	r	CITY OR TOWN (If outside corporate limits, write c. LENGT)	H OF STAY IN 16	c. CITY OR TOWN (If outside corporate In	
	1		5 DAYS	near CUMBERLAND,	rural
		OR INSTITUTION MEMORIAL HOSPITAL		d STREET ADDRESS	e IS RESIDENCE ON A FARM?
	-			BRADDOCK ROAL	
		NAME OF First DECEASED (Type or print) CHARLES	Middle Herman	Losi 4. DATE OF DEATH	APRIL 17.X 19 5
))	5. 1			B. DATE OF BIRTH 9 AG	E (In years IF UNDER I YEAR IF UNDER 24 HI
•	N	ALE WHITE WIDOWED	DIVORCED [AUGUST 18,1903 "	brithday) Months Doys Hours Min
de ,	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8 during most of working life, even if retired)	SUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or foreign country)	12 CITIZEN OF WHAT COUN
2 0 /		clectrician B&ORR	.	MARYLAND	U.S.A.
of fe	13.	JAMES H. COOK		MARTHA DURFY	DUFTY
* Nours	15	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17.4	NFORMANT	Address
7	[Ye	no, or unknown) Iff yes, give war or date of service)			RWICK & MEMORIAL AVES.
hin 7	H	18. CAUSE OF DEATH [Enter only one cause per line for (o), (I INTERVAL BETWEEN
1		PART I. DEATH WAS CAUSED BY:	& curo	ma ht luc	ONSET AND DEATH
aven		/ 6 3 X DUE TO			X VIII
n de		Conditions, if ony, which (b)			0 geor
ž.=		casse (a), stating the under-			
oug out	z	lying couse last.) (c] Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
aval	FICATION		Name to Particular von deuer der vierbille delle		PERFORMED? YES NO
rem	JE FE	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II of	item 18.)
10 1	L CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
S b S	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC Hour a. m. While Not y	while for	ACE OF INJURY (Home, form, 20f (City or to tory, street, affice bldg., etc.)	wn) (County) (Sto
5 6	ME	p. m. 19 at work at work	ork		~
<u> </u>		21. I certify that I attended the deceased from	1		19_Sothat I last saw the deced
pod		alive on T	and that death	occurred at 2:20 FM, from the	causes and on the date stated about or town, stated
2 2		ACTUAL SIGNATURE	Law	1. Cumberla	1 478
2 2			1,000	M.D.	**************************************
stror stror	L	PHYSICIAN'S W. F. Williams, M.D.			
regist rts	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME REMOVAL (Specify)	ME OF CEMETERY O		(City, town, or county) (State)
the re	100			Cenetery Cumber	
	23	H Ton a.		240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
[4] 5			erland.	Md. 194011. 20 196	1 TILL That m

BUREAU V. S.

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VS A15 (4) 15M 9/55

J. R. Durst,

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

03469

Hausy N. Rose

)4U	CER	IIF(C/	ATE OF I	DEATH			Reg. Dist. N	o. 7	7
1. PLACE OF DEATH					2. USUAL RES	IDENCE (Whe	era deceased	oved. If instituti	on Residence bet	fore admi	ssion)
	Allegany		MA	RYLAND	0 3/1/10	Mar	yland	b. COUNTY	Alleg	gany	
b. CITY OR TOWN RURAL and give	(If outside carporate limits,	write	c. LENGTH OF STA	AT IN 15	c. CITY OR	TOWN (If ou	Iside corpor	ale fimits, write R			
22 Fros	tburg		50 yrs	3.		Fro	stbur	rg.			
d NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give	street ge	dress)		d STREET					e IS RE	SIDENCE A FARM?
160	Frost Ave.					160	Fros	t Ave.			NO D
3. NAME OF	First		Mide	ile	Lò		4. DATE	Mon	th r	Dav	Year
(Type or print)	WILLIA	M	FRAN	ICIS	DAV	TES	OF DEATH	April	2		19 56
5. SEX	6. COLOR OR RACE 7	- MARRIE	D NEVER MAR	RIED 🗍	8. DATE OF BIRT		1	AGE (In years	IF UNDER 1 YEA		
male	1 1 1 1	VIDOWED			8-3-	1866		fost birthday)	Months Days	Hours	Min.
100. USUAL OCCUPAT	ION (G've kind of work do	ne 105. K	IND OF BUSINESS	OR INDU			r foreign cou		12. CITIZEN	OF WHA	T COUNTRY
retired	custodian	Let	vis Apt:	S .	Car	diss.	Male		U.	S.	A .
13. FATHER'S NAME					14 MOTHER'S			: 5			
Wm.	Davies					Tr74 or	ahath	Franc	i a		
15. WAS DECEASEDEN	PER IN U. S. ARMED FORCE		OCIAL SECURITY N	IO. 17. I	NFORMANT	<u> </u>	ave u	Add			
(Yes, na, ar unknown)	(If yes, give war or dates of servi	,	ne	10	irs. Ja	mac R	rodo	Front	huma I	12	
18. CAUSE OF DI	EATH [Enter only one coust			c) I	12 5 6 0 0.	7	roue.	11050		1d.	P7142881
	EATH WAS CAUSED BY:	1	15/02	10	Sale	258-	·			TERVAL B NSET AND	DEATH
450.0	DUE TO									11-600	160
Canditions, if									17	7	
gove rise to cause (a), stating						-					
lying couse lost											
PART II. O	THER SIGNIFICANT CONDIT	TIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19, WAS	AUTOPSY DRMED2
3										YES [
PART II. O	VAS UNDERLYING 20 IG CAUSE OF DEATH Y MEDICAL EXAMINER)	Ж. DESCR	18E HOW INJURY	OCCURRE	D. (Enter nature o	of injury in Po	ort For Part	l of item 18.}			
ZOC. TIME OF INJU		20d. INI While	URY OCCURRED Not while	20e. PL	ACE OF INJURY (ctory, street, office	Home, farm,	20f. (City o	or town)	(County)	(State)
p. m.	10	at work	at work				/				
21. I certify t	that I attended the d	eceasea	fram Des	7./	. 195/	. ta 0	yer i	4 1957	zthat I last s	aw the	deceased
alive an	Re 21	12.23	and the	at death	occumed at	11:47/	M. fram	the causes a			
	1 n m	1/	Y - 6 - 7				DDRESS (Stre	et, city or town,	store)		ATE SIGNED
ACTUAL SIGNATURE	1111111	4/	20		MJB.	1	ront	Louis	Soll	110	77.
PHYSICIAN'S	Man.	サレ	,	-12	1	//	Look-	7	119	1900	19
NAME (Type)	1771111	7.	man	7/3	//					/	1
220. BUR.AL, CREMATI	ON, 22b. DATE THEREOF		22c. NAME OF CE	METERY O	R CREMATORY	12	22d. LOCATIO	ON (City, town, e	r county)	(Sto	te)
REMOVAL (Specific Burial	" 4-23-56		Fibg. M	emor	ial Par			ostbur			
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS				BY REGISTR		TRAR'S SIGNATU	JRE	- ^

Frostburg, Md.

24g. REC'D BY REGISTRAR
DATE 4-24-56

To a marina

9501

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3552 CERTIFICATE OF DEATH

03470 /

									codi nisit ta	. /
		PLACE OF DEATH				2. USUAL RESIDENCE (W			Residence be	fore admission)
			legany		1-700	raryl.	and '	. COUNTY	Allega	anv
		b. CITY OR TOWN (II RURAL and give ne	outside corporate limits, v	write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lir	nils, write RUR	AL and give r	nearest fown)
Ne	r	Camperia	nd, rural	රර	vears 1	lear Cumberl	and . mira	7		
50			AL (If not in hospital, give	street address)		d STREET ADDRESS		-		B. IS RESIDENCE ON A FARM?
10		Jnion Gr	ove Road,	R.F.D.	#3	Union Gr	ove Road	R.F.	D. #3	YES NO M
,		NAME OF DECEASED (Type or print)	Mary Eliz	abetn	Middle Delloss	Last	4. DATE OF DEATH 4)	Month ril	б	Day Year 19 5 5
	5.	SEX	6. COLOR OR RACE 7.	MARRIED X	NEVER MARRIED	8 DATE OF BIRTH	9. AG	E (In years IF		AR IF UNDER 24 HPS
	F	'emale	"hite w	DOWED 🔲	DIVORCED [Feb. 27. 1	888 68	birthday) A	Aanths Days	Hours Min.
	10c	USUAL OCCUPATIO	N (Give kind of work done	106. KIND O	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country)		12. CITIZEN	OF WHAT COUNTRY?
1		Tailores	ing life, even if retired)	k Alte	eration	Cumperl	andd.		U.S	- A -
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN				
		Hunter	J. Shinnol	t		Louris	sa Brigg	S		
,	15.	WAS DECEASED EVER	IN U. S. ARMED FORCES	? 16. SOCIAL	SECURITY NO. 17.	NFORMANT		Address		
~	,	TA O	in per, give wor to dollar or service	1	J5-J963	B. W. Della	ss Cum	erlan	uu.	
1	_	18. CAUSE OF DEA	TH [Enter only one couse	per line for (a), (b), and (c).]				IN	ITERVAL BETWEEN
			H WAS CAUSED BY:	Con	mis. 1	Icclusion			01	NSET AND DEATH
		42.	IMMEDIATE CAUSE (a) DUE TO		0	,				
		Canditions, if ar	w which h							
		gave rise to in	mediote (
		cause (o), stating lying couse last.	IN UNDER:							
	×		(c)	ONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	IN PART 160	19 WAS AUTOPSY
*	-ICATION									PERFORMED? YES NO
	CERTIFI	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER	o. DESCRIBE HO	OW INJURY OCCURRE	D (Enter nature of injury in	Part I ar Part II of i	lem 18.)		
	MEDICAL			20d. INJURY O	CCURRED 20e. PL	ACE OF INJURY (Home, far	n, 20f. (City or tov	n)	(Caunt	y) (State)
	WED	Hour o. jr. p. m.			nt while ro	ctory, street, office bldg., at	c.)			
	_		at Lattended the de		m 7/3/	19 JC , to	4/8	10.57		
		olive on	3/3./	v 7						saw the deceased
		DIIVE ON		7	, and that death	occurred ot	ADDRESS (Street, c			
		HETCHE.	Ken V.	X	. D.	1157	Car. 7	or town, sap	/_	DATE SIGNED
		SIGNATURE	7-001	. +		M.D	V			75/76
		PHYSICIAN'S NAME (Type)	EO H L	EYJR	M.D.	Oscar	he tand)r_	C.	
	220	REMOVAL (Specify)	, 226. DATE THEREOF	22c. N	AME OF CEMETERY O	R CREMATORY	22d. LOCATION (ity, town, or o	county)	(State)
		Burial	4/10/56	R	se Will	Cametery	Camberl	and.	73_	
	23.	FUNERAL DIRECTOR'S	SIGNATURE	AC	DORESS		D BY REGISTRAR	24b. REGISTR	AR'S SIGNAT	URE
		J. Lee S	ileax Cam	harla	7 63	Chier	1 10 105%	7110-	Fanni	5 M D.

may be retained by the the final or attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and campletely filled in by the funeral stage 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled the registrar prior to burial, cremation, at remaval, and in any event without 72 haurs after death.

TO HOSFITAL OF ATTIMING * YSICIAN; The law requires that the death certificate be executed within 2" haurs after death

PECEIVED V. S.

After y copy third after the director, within registrar by the f ‡ = Hed he cate he nied with conditions filled al treester permit. paria 90 øQ. **■hysicia**■ use as TO IMPLIATE MIRESTOR: The law requires that the defaction for 90 5 homid **mmecuted** death certificate assembly N15C 1-55 10M / pee PIS S certificate

A15C

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE

DATE OF B

MARYLAND

LENGTH OF STAY

(In this place)

wk

03471

OF DEA	TH	R	eg. Dis	t. No	9	. 4 > > + + + + + + + +
2. USUAL RESIDEN	ICE (HOME)	OF D	ECEASE	D		- N - N - N - N - N - N - N - N - N - N
STATE Maryl: CITY (If outside corpo	and con	UNTY URAL a	A]	Legar	ıy	
TOWN Zihli	man					
STREET ADDRESS	(If re	uraf giv	e location)			
asij	4. DATE	(Mor	ith)	(Day)	{Yes	r)
EY	DEATH	A	oril	29.	19 (56
SIRTH	9. AGE fast birth	day		RIYEAR	IF UNDER	
1897	58	yrs.	Months	Days	Hours	Min.
BIRTHPLACE (State or fore	ign country)		1	2. CITIZEI	OF WHA	AT .
Maryland					USA	
14. MOTHER'S MAIDEN	NAME					
John Wm.	Dickey					
Mrs. Floa	rence D	icl	cev.	Zihl	lman,	Mo
FICATION			- 0)	INTE	RVAL BETW	/EEN
& Inn	Alenio		١.	ONS	- 49 OA	
- Jiwa	Fifther	11	4		1-200	
V	/					-7
u Filia	<i>,</i>			Se	null	
11-120	1-6-7			- 45	an	2
/				/		
				2D YES	-	
WHERE DID INJURY OCCU	R? (City or town)		(Cor	inly)	(State)	
. HOW DID INJURY OCCU	R?		·····			
., 195 L, 10		the e	date stat	ed above		
EMATORY	LOCATION (CI	y, low	n, or coup	1	(5	late)
ial Park 25. FUNERAL DIRECTOR'S	Frost	bur	e, 1	ADDRESS		

3541

Allegany

Frostburg

THOMAS

COLOR OR

retired miner

RACE

Elizabeth

IMMEDIATE CAUSE

ANTECEDENT CAUSEISI

Miners

(If Yes give wee or dates of service)

(A)DUE TO

DUE TO

(Year) (Hour)

DATE THEREOF

Hospital

SINGLE, MARRIED

WIDOWED, DIVORCED, (Specify) married

196. MAJOR FINDINGS OF OPERATION

21b. PLACE (Home, ferm, fectory, OF INJURY street, office bldg., etc.)

While

at work

(Middle)

10b, KIND OF BUSINESS

OR INDUSTRY

coal mines

none

16. SOCIAL SECURITY NO.

18. MEDICAL CERTI

1. PLACE OF DEATH COUNTY (If outside corporate timits, write RURAL and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (Type or Print) 5. SEX Male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, avan H 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yasyng gr unk) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DISEASES OR CONDITIONS, #F ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 22. I hereby certify that ! attended the deceased from & alive on BURIAL, CREMATION, REMOVAL (SPECIFY) Buria] REC'D BY REGISTRAR

5-1-56 REGISTRAR'S SIGNATURE

21a. INJURY OCCURRED

Not while

at work

and that death occurred at.

Memor

M.D.

NAME OF CEMETERY OR CRE

21c.

211.

Frostburg, Md

3 'A AVIIII

MANE SEA

Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DEPUTY MEDICAL

YS. A15ME(5) 5M 9/53

J. R. Durst.

(Caunty)

Reg. Dist. No

IF UNDER TYEAR

Allegany

. IS RESIDENCE ON A FARM?

YES NO E

Yeor

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗔

> > DATE SIGNED

NOIF

(Stote)

1956

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The same

Within corporate	liti	ite		AND STA	TE DEPARTM	ENT OF HE	ALTH-B	ALTIMO	RE, 18	03	3473	
4 35		DR. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		433	CERTIFIC	ATE OF DE	EATH		Re	g. Dist. No.	4	,
director director	1. F	ALLEGANY			MARYLAND	2. USUAL RESIDE	NCE (Where dece		COLLEGE	esidence befor	,	,
deor de	1	CITY OR TOWN (If outside RURAL and give nearest to CUMBERLAN	wn)		GTH OF STAY IN 15 DAYS	c. CITY OR TO	WN (IF outside co	prporote limits.	write RURAL	ond give near	rest lown]	~
by the	•	NAME OF HOSPITAL (IF IN OR INSTITUTION MEMORIAL				d. STREET ADD	RESS		-		ON A FAR	M?
24 Illed	- 1	AME OF ECEASED (ype or print)	First WESL		Middle A	Last F1KE	4. DAI		Month APRIL	Doy 20		56
the late	5. 9		LOR OR RACE		NEVER MARRIED	8 DATE OF BIRTH	4 . 1889	lost-bii		INDER 1 YEAR	IF UNDER 24	HRS Min.
8 882 - /1		USUAL OCCUPATION (Giv. during most of working life,	e kind of work de , even if retired)	Own H			E (State or foreig			12 CITIZEN O	_	
e pe		ATHER'S NAME WILLIAM R	R. KIKE	i OMII II	OITE	14. MOTHER'S M	AIDEN NAME				J. S.	1.0
g physici remave 72 haurs	15. (Yes	NAS DECEASEDEVER IN U. no. or unknown) (If yes, go	S. ARMED FORC	vice]	SECURITY NO. 17	NFORMANT MEMORIAL	HOSPITA	L-WARW	Address ICK &	MEMORIA	L AVE	3.
t the death the attendin Then please		PART I. DEATH WAS				ns Lei	he	nin		ONS	RVAL BETWE	ATH
an. signed by sit permit. and in any e		Conditions, if any, whi gove rise to immedia cosse (o), stating the und lying couse last.	ote (DUE TO				-					
physicic las beer ial-tron noval, a	CATION	PART 11. OTHER SIGN	NIFICANT COND	ITIONS CONTRIB	UTING TO DEATH BU	NOT RELATED TO TH	HE TERMINAL DIS	EASE CONDIT	ION GIVEN II	N PART 1(0) 19	PERFORME	D?
	. 1	200 ACCIDENT WAS UNDE OR CONTRIBUTING (I) CAL (IF EITHER, NOTIFY MEDICAL	ERLYING 2 JSE OF DEATH AL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURRE	D. (Enter nature of it	njury in Part I ar	Port II of item	18.)			
PHYSIC of or off his certi use as smallian	MEDICAL	Oc. TIME OF INJURY Mon Hour o. m. p. m.	ith, Day, Year		of while fo	ACE OF INJURY (Ho ctory, street, office b		(City or town)		(County)	(State)
Arrest land for rich, critical, crit		21. I certify that I o	ttended the		m Cybril , and that death	24, 19 375	to Opin	/ 30	1956,th	at I last sa	w the dec	eosed
A ATTENTION TO BE DE		ACTUAL R. ()	There !	Rash	Long	M.D. 12 02	Address So Ce	S (Street, city of	or fown, stole	Cern		SIGNED
retained RAL DIRI should b strar price		PHYSICIAN'S R. R	hett Rat	thbone,	M. D.	122 S.	Centre	St., Cı	umberl	and, l'd		
FU Per se		BURIAL, CREMATION, 226 REMOVAT (Specify) M:		20c. N	and bu	R CREMATORY	12d. LC	Strue-	nelar i	lle ;	(Stole)	and
	23	uneral director's sign	ATURE	Harne	Markling	skeep 2	AT OUT	1456 24	A REGISTRAL	r's signatur	h	2.
	0	Correr He	ender	tun		0 71	ray 1,1	956		0		

BOUZELL N. K

17 4.1.

95EI E M.

PRECEIVE S. S.

	1. F	PLACE OF DEATH	Allegan	V	A	IARYLAND	2. USUAL RESIDENCE (Va. STATE	Where decease y Larid	d lived. If institute b. COUNTY	on, Residence b	efore admis	ion)
	ł	RURAL and give	(If outside corporate limi	-	c. LENGTH OF S		e. CITY OR TOWN (I	f outside corpo umber]		URAL ond give	nearest low	٦)
,	·	ACITUTITZIAL 9C	orth Waver				d. STREET ADDRESS 24 N . ,va:	verly	Terrace	<u> </u>		FARM?
		NAME OF DECEASED (Type or print)	Ge	orge) J	ddle oseph	Forebe	C A DATE OF DEATH	Apri.		Day 2 7	Yeor 1 5 6
	5. 5	iale	6. COLOR OR RACE White	7. MARR		ARRIED	8. DATE OF SIRTH Dec 3 187.	4	P. AGE (In years lost-biethday) yrs	Months Doy		ER 24 HRS
death.	10o.	USUAL OCCUPAT Retired	ON Give kind of work or hand life, even if feliced	Bu	KIND OF BUSINE		es Cumb	le or foreign c erland		12 CITIZEN	JSA	COUNT
fler	13.	FATHER'S NAME				W	14. MOTHER'S MAIDEN	NAME				
12 -	L				orebeck		Katherin	ne Armb				
E I	1S. (Yes	WAS DECEASED EV	/ER 1N U. S. ARMED FOR (If yes, give wor or dotes of i	CES? 16.	SOCIAL SECURITY	e		ha For	rbeck,Cu		and,	_1a.
\$		18. CAUSE OF D	EATH [Enter only one co	use per lic	ne for (a), (b), and	L (e) T				11	TERVAL BE	TWEEN
	1 3	DA OT 1 DA			- 4					0	NSET AND	DEATH
÷		PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	- 4	ien	ui.			0	NSET AND	
event			DUE TO		Ulra	ien		8/-		0		
any event v		Conditions, if	DUE TO	, C	- 4	ien		Sto	mae	0		
d in any event w		Conditions, if gove rise to cosse (a), statin	IMMEDIATE CAUSE (control only, which immediate gether under DUE TO	, C	Ulra	ien		Slo	mae	0		
aval, and in any event v	CATION	Conditions, if gove rise to cosse (a), statin lying cause lost	any, which immediate g the under	,	Une	non				2	5 PERFO	AUTOPS
ar remaval, and in any event v	CERTIFICATION	Conditions, if gove rise to cosse (a), statin lying cause lost	any, which immediate g the under	DITIONS	OUTRIBUTING TO	MON	no of	MINAL DISEAS	E CONDITION GIV	2	5 PERFO	AUTOPS
smalian, ar remayal, and in any event v	MEDICAL CERTIFICATION	Conditions, if gove rise to cosse (a), statin lying cause lost PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	IMMEDIATE CAUSE (continued on the continued on the contin	20b. DESI	OUTRIBUTING TO	D DEATH BUT RY OCCURRENT 20e. PL	NOT RELATED TO THE TER	m Port I or Por	E CONDITION GIV	2	19. WAS PERFC YES	AUTOPS DRMED?
, crematian, ar remaval, and in any event v	CAL	Conditions, if gove rise to cosse (a), statin lying cause lost PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m p. m	IMMEDIATE CAUSE (continued on the continued on the contin	20b. DESC	CRIBE HOW INJURY OCCURRED NOT WHITE NOT WORK TO WORK TO THE PROPERTY OF THE PR	D DEATH BUT RY OCCURRENT 20e. PL	NOT RELATED TO THE TER D. {Enter nature of injury is ACE OF INJURY (Home, for later), street, office bldg., s	minal diseas	E CONDITION GIV 1 II of item 13.) , or town)	ZEN IN PART I (o	JIP. WAS PERFC YES [AUTOPS PRMED? NO
urial, crematian, ar remaval, and in any event	CAL	Conditions, if gove rise to coese (a), statin lying cause lost PART II. O PART II. O CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF Hour a. m p. m 21. I certify	OUE TO DUE TO DUE TO THE SIGNIFICANT CON THE SIGNIFICANT CONTROL TO THE SIGNIFICANT CONTROL	20b. DESC	CONTRIBUTING TO	D DEATH BUT RY OCCURREI O 20e. PL for	NOT RELATED TO THE TER D. {Enter nature of injury in the content of the content	minal diseas	E CONDITION GIV 1 II of item 18.) , or town)	(Coun	19. WAS PERFC YES [AUTOPS PRMED? NO D
riar ta burial, crematian, ar remaval, and in any event v	CAL	Conditions, if gove rise to cosse (a), statin lying cause lost PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m p. m	OUE TO DUE TO DUE TO THE SIGNIFICANT CON THE SIGNIFICANT CONTROL TO THE SIGNIFICANT CONTROL	20b. DES(20b. DES(white of work	CONTRIBUTING TO	D DEATH BUT RY OCCURREI O 20e. PL for	NOT RELATED TO THE TER D. {Enter nature of injury in the clory, street, office bldg., in accoursed at 25.3	in Port I or Porting, 20f. (City Port.)	E CONDITION GIV 1 II of item 18.) , or town)	(Coun	1 19. WAS PERFC YES [AUTOPS DR.MED? (Stoll deceared above)
istrar priar to burial, crematian, ar remaval, and in any event v	CAL	Conditions, if gove rise to coese (a), statin lying cause lost PART II. O OR CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF Hour o.m. p. m 21. 1 certify alive on Actual	OUE TO DUE TO DUE TO THE SIGNIFICANT CON THE SIGNIFICANT CONTROL TO THE SIGNIFICANT CONTROL	20b. DESCO 20b. DESCO While While of worl deceas	CONTRIBUTING TO	D DEATH BUT RY OCCURREI O 20e. PL for	NOT RELATED TO THE TER D. {Enter nature of injury in the clory, street, office bldg., in accoursed at 25.3	in Port I or Porting, 20f. (City Port.)	E CONDITION GIV I II of item 18.) or town) 7/, 19_5 In the causes of the courses of the causes of the cause	(Coun	1 19. WAS PERFC YES [AUTOPS: DRMED? (Stotal
the registrar priar ta burial, crematian, ar remaval, and in any event vite registrar priar ta burial.	MEDICAL	Conditions, if gove rise to cosse (a), statin lying cause lost PART II. O PART II. O OR CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF CONTRIBUTION OR CONTRIBUTION OF CONTRIBUT	IMMEDIATE CAUSE (C DUE TO any, which immediate g the under. THER SIGNIFICANT CON VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Ye 19 That I attended the Clay E. Du ION, 22b. DATE THEREC	20b. DESC 20b. DESC 20b. DESC 20d. If White of work decease	CONTRIBUTING TO CRIBE HOW INJURY OCCURRED NOT White of work of work M. D. 122c. NAME OF	D DEATH BUT RY OCCURREI 20e. PU for that death	NOT RELATED TO THE TER D. {Enter nature of injury in the colory, street, office bldg., and accoursed at 25.5 m. a	in Post I or Post irm, 20f. (City etc.) PM, from ADDRESS (S 22d LOCA	E CONDITION GIV I II of item 18.) or town) 7/, 19_5 In the causes of the courses of the causes of the cause	(County)	Saw the date state	AUTOPSI RMED? NO AUTOPSI RMED? NO AUTOPSI RMED?

T W. A T

YAN:

:011	pgrate	e di	3497MEDICAL EXAMINER'S CERTIFICATE OF DEATH
/		1.	PLACE OF DEATH o. COUNTY Allogany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Allogany Allogany
		\vdash	ALLEGAN: MARYLAND I.C. Allegan: b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrets town)
	0'	3	Cumberland 20 years Cumberland
	A .00	-	d. NAME OF HOSPITAL OR INSTITUTION (Hand impropilat, light string piddings) d. STREET ADDRESS e. IS RESIDEN
	1 .		About ? Tt. east of fillions St. 217 Union St. YES No.
	(3.	NAME OF First Middle Last 4. DATE Month Doy Year OF
		-	(Type or print) Gilbort H Friend DEATH April 20 19 56
		3.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 17EAR IF UNDER 24 H
		1/	THE WINDOWS I STORE 21-1790 65 ym.
		. "	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Tand braden B.O.D.Ry. Byanton IId. U.S.A.
	4		
		"	in invited a maintain and invited
	1	1/2	Mile approach during the first state of the first s
	3+ }	, (9	mo, of tribrown) (If you, give) protected doles of service)
	# /-	-	
	that waster		PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (6) PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (6) IMMEDIATE CAUSE (6) IMMEDIATE CAUSE (6) IMMEDIATE CAUSE (7) IMMEDIATE CA
		/	
	٧		Conditions, if ony, which) body servered at upper part of chest.
			gave rise to immediate couse
			(a) stating the underlying over him.
		Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19, WAS AUTOPS
		3 8	PERFORMED?
		I E	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
		CERT	CAUSE OF DEATH. Freight tr in ran over him near William 3t. crossing
		N N	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote bldg., etc.)
		WED!	14. Hour -a.m. 4-20 19 56 at work of the or work of
			21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry , and find the
			death resulted fram: Natural causes, Accident &, Suicide, Hamicide, Undetermined cause
	^		SIGNATURE AND CHIMEMEDICAL EXAMINER [] DATE SIGNED
			EXAMINER'S ASSISTANT MEDICAL EXAMINER
			NAME (Type) II. V. Demina 11.0. DEPUTY MEDICAL EXAMINER & April 20-1956
		22	BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
			Burial April 23, 1956 George Cemetery Swanton, Maryland,
		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246, REGISTRAR'S SIGNATURE
		L	Silcox Funeral Home, Cumberland, Maryland. Juni 21,1950 W. Frank M. d
			* 0

V

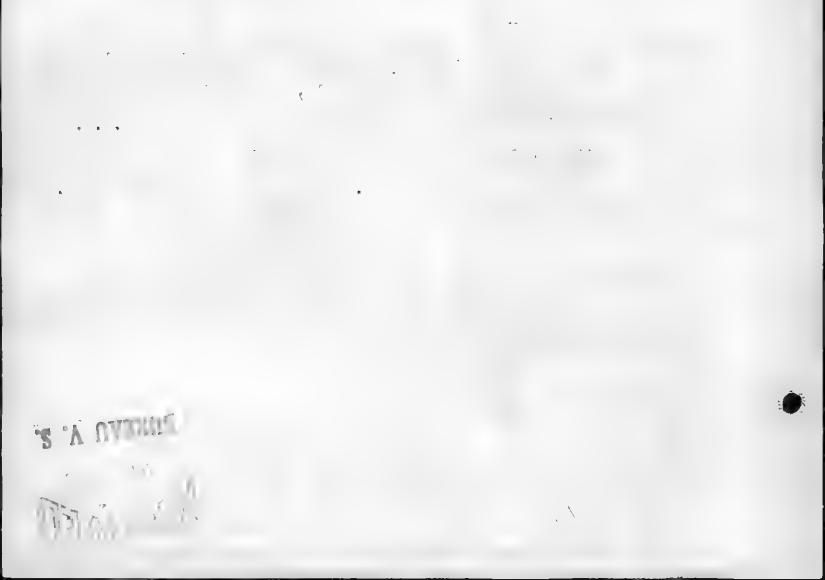
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9961 b~ 88: 13 A 13 9 5 6 6 1

FILLTAU V. S.



1					MARYLAN	D STATE DEPARTM	LENT OF H	HEALTH-BA	LTIMORE, 1	8 . ():	3478
* 32					3554	CERTIFIC	ATE OF I	DEATH		Reg. Dist. No	T V
director led wit			1	LACE OF DEATH	ny	MARYLAND	2. USUAL RESI	Marylan	- Is COUNTY	- 7.7	ore odmission)
death uneral	4.8	1	1	CITY OR TOWN (If outside RURAL and give nearest tow	corporate timits, write	c. LENGTH OF STAY IN 16		TOWN (If outside co			The state of the s
the fu	-	* *	-	LODACON I. NAME OF HOSPITAL (IF not OR INSTITUTION	<u></u>	et address)	d STREET	onaconing	3	X	e. IS RESIDENCE
by I		` `			glas Ave	nue		Douglas	Avenue		ON À FÀRM? YES NO
24 ha Hed in			1	NAME OF DECEASED Type or print) SE	rah	Middle Jane	Goul	0.0	- 17	th Do	19 56
ithin lly fil			5. 5			RRIED NEVER MARRIED	B. DATE OF BIRT		9 AGE (In years		IF UNDER 24 HRS.
plete					ويورون والانظام الانتفادات	WED DIVORCED		12,1865	91 yrs.	Months Days	Hours Min.
com pope path.) · ·	10a	during most of working life,	kind of work done 10 even if relired) legistere	b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHP		cauntry)	12 CITIZEN C	F WHAT COUNTRY?
ian and carbon offer de			13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
ifficate hysicic nave o	/	*	15	EL1, WAS DECEASED EVER IN U. S	ah Gould		INFORMANT	Ann Bal			
ing ph ing ph ie remie		1	(Yes	no, or unknown) (If yes, give	wor or doles of service)		rs. Oli	ive Orr	Addi T.ops	econing	. Imd.
ndin ease hin 7		,		18. CAUSE OF DEATH [Ente	er only one cause per		2 00 0	Sister	Доле	INT	ERVAL BETWEEN
he de				PART I. DEATH WAS		Camery	Crake	sem		ON	SET AND DEATH
y the					DUE TO	Cirla)				5-100
res t				Canditions, if any, which	* ()	CULKINOSCI	ar area	h - Cal 1,	- well	b	31167
nederi sit per ad in				lying cause last.	(c)	Gen	und's	11			
physicis os been ial-trans		J	CERTIFICATION	PART II. OTHER SIGN	FICANT CONDITION	CONTRIBUTING TO DEATH BU	NOT RELATED T	D THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(o)	PERFORMED?
ending ficate h the bur				20g ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	LYING 20b. DI E OF DEATH EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enler nature o	of injury in Part I ar I	ort It of item 18.)		
PHYSIC al ar all this certi this certi r use as ematian			MEDICAL	20c. TIME OF INJURY Month Hoor a. n. p. m.	Whi		ACE OF INJURY (schory, street, affic	(Home, farm, 20f. (Carbidg., etc.)	lity or town)	(County)	(State)
d for				21. I certify that I att	ended the dece	sed from	ـُـــــــــ 19. ر	2-to 1 Cyr	. ي د 19	_,that last so	aw the deceased
TEND The H				alive on 1500	12	Sand that deat	occurred at		am the causes a	nd an the da	te stated abave.
ATT By de de de de de		1		ACTUAL SIGNATURE	- El Ly Lu	alleto-mo		ADORESS	(Street, city or town,	slate)	DATE SIGNED
TAL OR retained AL DIR haufd b		,		PHYSICIAN'S HAME (Type)			,m.D.		ATTALITET SENIEL	7	
HOSPI loy be FUNER oge 3 s			220	BURIAL CREMATION, 226.	DATE THEREOF	220 NAME OF CEMETERY C	R CREMATORY	22d. LO	ATION (City, lawn, o	or county)	(State)
MON POR				Burial 4	4/56	Oak HILL		Lo	naconing	3.	Md.
₩ A15 (4)			23.	funeral director's signated George Eich		ADDRESS	MA	24a, REC'D BY REG	my	TRAR'S SIGNATU	RE Q
15M 9/55				George Fig.	TIOT II	Lonaconing,	Md	DATE 4-4	-36 /Au	nelle	MISON



PART DATE	F HEALTH—BALTIMORE, 18	MARYLAND STATE DEPARTM	7
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RUAL and give necrest fewn) CUMBERLAND CUMBERLAND A STREET ADDRESS C. IS RESIDE OF CONSTANT (If not in household, pire street poddress) A DO DE CRASED (Type or print) CTINI #2) BABY S. SEX MALE COLOR OR RACE T. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED APRIL 16, 1956 TO MARYLAND TO	MARYLAND ALLEGANY	ALLEGANT	Tige di
d. NAME OF MOSPITAL (if not in haspital, give, street oddress) d. NAME OF MOSPITAL (if not in haspital, give, street oddress) d. NAME OF MOSPITAL (if not in haspital, give, street oddress) d. NAME OF MOSPITAL (if not in haspital, give, street oddress) d. NAME OF MOSPITAL (if not in haspital, give, street oddress) d. NAME OF MOSPITAL (if not in haspital, give, street oddress) d. NAME OF MOSPITAL (if not in haspital, give, street oddress) d. NAME OF MOSPITAL (if not in haspital, give, street oddress) d. NAME OF MOSPITAL (if not in haspital, give, street oddress) MFMORIAL & WARWICK AVES. 3. NAME OF MOSPITAL (if not in haspital, give, street oddress) MFMORIAL & WARWICK AVES. 3. NAME OF MOSPITAL (if not in haspital, give, street oddress) MFMORIAL & WARRIED Doy Year MFMORIAL & WARRIED Doy Year MFMORIAL & WARRIED Doy Year MONDE 5. SEX d. COLOR OR RACE MITHER WIDOWED DIVORCED APRIL 16, 1956 DOWNERLAND, MARYLAND 10. USUAL OCCUPATION (Give kind of work dame) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (stote or foreign country) 11. BIRTHPLACE (stote or foreign country) 12. CITIZEN OF WHAT COUNTRY MOTHER'S MAIDEN NAME ALMA A. WARNICK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADMIL DOWNER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address MEMORIAL HOSPITAL 18. CAUSE OF DEATH [Enter only pine course per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to a immediate course (o), stoling the under-lying course lost. (c) DUE TO Conditions, if any, which gove rise to a immediate course (o), stoling the under-lying course lost. (d)		RURAL and give neorest town)	berd be
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Down of the control o	ON A FARM? YES NO	MEMORIAL & WARWICK AVES.	P P
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The part is the part of the part is the pa	IRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU	cute
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO If you, give wor or deltas of services None (c). 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate codes (o), stating the underlying couse lost. (c)		£ w \	ad a day
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PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cover (a), stating the under-lying cover lost. (c)		[Yet, no, or unknown] [If yes, give wor or dates of service]	ing ph
The second state of the se	INTERVAL BETWEEN ONSET AND DEATH		leath rend oleas ithin
Conditions, if any, which gave rise to immediate code (a), stating the under-lying couse lost. Conditions, if any, which gave rise to immediate code (a), stating the under-lying couse lost. (c)	184	E IMMEDIATE CAUSE (a)	the at
gove rise to immediate code (a), stating the under-lying couse last.		6	hat hat . Th
lying couse last. (c)		gave rise to immediate	res t red b
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT		- coste (o), storing the under-	sign in bid in
T STILL THE PERFORMS	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	law
YES N 200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter hadure of injury in Port II of item 18.)	there of return in Part Lat Part II of Here 18)	20g ACC DENT WAS LINDERLYING TO 120h DESCRIBE HOW INTERV OCCURRE	TIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
OR CONTRIBUTING LI CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]			
> 5 9 5 G Hour o. m. While Net while factory, street, office bldg., etc.) !	JURY (Home, farm, 20f. (City ar town) (Caunty) (State), office bldg., etc.)	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PI While Not while	ar al section action
0 T 6 S			for this
10.18 A	to, to	21. I certify that I attended the deceased from.	Aftre hed riol,
A CONSTRUCTION AND A CONSTRUCTIO		7	P P P P P P P P P P P P P P P P P P P
ACTUAL SIGNATURE TE PLY 1/2 / / / / / / / / / / / / / / / / / /		SIGNATURE JE PH 113 / Huntur	OR A1
PHYSICIAN'S Fuller B. Whit worth, M.D.		NAME (Type) Fuller B. Whit worth, M.D.	PITAL DISTORY SHOULE
22d BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	DRY 22d. LOCATION (City, town, or county) (State)		2 4 Z . 0 24
o Eo a E Burial April 19, 1956 Oak Hill Cometery Lonaconing, Maryland	y Lonaconing, Maryland		o e o a e
23. SUNJERAL DIRECTOR'S SIGNATURE VS A15 (4) 249. REC'D BY-REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)	24g REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	Temal Cyclologo &	VS A15 (4)
15M 9/55 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	July of the Miles of the	1711 24122	15M 9/55

TA DESTIN

ATT

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

TO HOSPITAL OR

VS A15 (4) 15M 9/5S

may be retained by the total or altending physician.

TO FUNERAL DIRECTOR: Arter this certificate has been signed by the attending physician and campletely filled in by the Funch page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3500

CERTIFICATE OF DEATH

03480

ļ							wed. hist.	10.
1.	PLACE OF DEATH			MARYLAND	2. USUAL RESIDENCE (WE	here deceased lived. If institu		efare admission)
L		llerany			1/	aryland	Alle	ang.
	b. CITY OR TOWN (If RURAL and give no	outside corporate firm	ts, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If a	outside corporate limits, write	RURAL and give	nearest town)
	Curterla			34 days	LaVale			
-	d. NAME OF HOSPITA		ive street		d. STREET ADDRESS			e. IS RESIDENCE
	OK INSTITUTION				100	*		ON A FARM?
	C3C'6	<u>ed Heart Ho</u>	<u>spit</u>	31	<u>la ale,</u>	National E	CMA	YES NO
3.	NAME OF DECEASED	Fir	sf	Middle	Lost	4. DATE Me	anth	Doy Year
	(Type or print)	Vin.	17	Lenu od	Hartsock	OF DEATH	29	19 ~/
5.	. SEX	6. COLOR OR RACE	7. MADE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year		AR IF UNDER 24 HRS.
					0. 5/1/2 01 5/1/11	fast birthday)	Manths Day	
	Male	White	WIDOWI		Jan. 7.	1890 66 yr		
10	during most of worki	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
/	Let. Cont			tandard Oil	Yar 1	and Cumberla	and U.	S.A.
	. FATHER'S NAME			Co.	14. MOTHER'S MAIDEN I			
	Uarrona	Transfer	-1-	00.	Mason D	7.7-%		
	Howard				Mary E.			
	S. WAS DECEASED EVER	! IN U, S. ARMED FOR If yes, give wor or dotes of s	CES? 16.	SOCIAL SECURITY NO. 17	NFORMANT	Ad	ldress	
	710		2	32-26-3495	Pt's chort			
	IB. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c)] /	,		Lir	NTERVAL BETWEEN
		TH WAS CAUSED BY:	6	andian de	9 // me		Ö	NSET AND DEATH
		IMMEDIATE CAUSE (o	1	win us y	inne			(P).
П		DUE TO	A	My duguy,	4 out 0/1	Morre		4
	Conditions, if an	y, which) a	1	1 1/		. /.	4	10 40
	gave rise to in		AM	Me Greed OM	A BINVIAN	Menson		101.1006
	tying couse last.	he under-	11/1	of the court of	o processos.	of voider		" Week
1,		<i>)</i> (c)					
CATION	PAIT II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	1 1 -		PERFORMED?
13	ASTENEN	whole the	elissa	regardon le	reletal eur	Villa seu cue	phal vaid	YES NO
18	206. ACCIDENT WAS	S UNDERLYING T	20b DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port Lor Part II of Nem 18.)		
CERTIF	(IF EITHER, NOTEFY)	CAUSE OF DEATH MEDICAL EXAMINER)						
		Month, Day, Ye		THE PARTY OF THE P	ACE OF INTHIBY 21 I	Loos cere		
WEDICAL	Hour a.m.	monin, Day, 1e	White	NJURY OCCURRED 20e. PL Not white for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	i, ¿ zur. (City or town)	(Count	ity) (State)
3 %	p. m,	19		k at work	_	1	/	
П	21 I cartify the	at I gittended the	decens	odfrom 1111 am	2 1053 10 Ed	WildH 105	Contract Lines	saw the deceased
П	15 -1	129	deceus		17-17	2		
1	alive an My	2/2/2	, 12	$\stackrel{\frown}{Y}_{-}^{+}$, and that death	occurred at 1/2 17	_M, from the causes		
	MAD	11 //-			r- 0	ADDRESS (Street, city og fowr	, state)	DATE SIGNED
Н	SIGNATURE A	21.11 By	uy	M	M.D. 55 4	relie of		
		N 77 T	\mathcal{L}		10,	hill.	/ /	7, /
	PHYSICIAN'S E	77. 15 A	$\langle /N \rangle$	605	en	munon	est. l	uol.
20	20. BURIAL, CREMATION	1 122h DATE THERE	E	IN HALF OF COLUMN	D. 00 514 4 50 0 4	I COLUMN TO THE TAXABLE PARTY OF TAXABLE PART		
	REMOVAL (Specify)	A, AZD, DATE INEKEL	,,	22c. NAME OF CEMETERY O		22d LOCATION (City, town,	,,,	(State)
_	Lurial	5/2/56		willcrest 1	ur. Park	Jumberland	, saryl	n
	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	24a. REC'	D BY REGISTRAR 245. REG	ISTRAR'S SIGNA	TURE,
J	Ohn T Ha	far Cum	perl	and. Marylan	d May	2.1956 71	Diton.	ImA
-	Al U a 2252	as the a think	15 L	COLLEGE A TOTAL A TOTAL	The state of	S 1 7 1 121 1/1/2	K - 1/1/1/ 18	10 . 1 8 11 000

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thin corps		自用性	MARYL	AND ST	TATE DEPARTA	NENT OF	HEALTH	I—BAL	TIMORE, 1	8	946	•
<u>-</u>			35	01	CERTIFIC	ATE OF	DEATH	1		Reg. Dist	348.	4
iled wit		PLACE OF DEATH	ALLEGANY		MARYLAND	2. USUAL I	YLAND	ere deceased	d lived. If instituti b COUNTY	on. Residence		ssion)
		CUMBE	RLAND		72 DAYS	c. CITY	CUMBER		rote limits, write R	URAL and giv	re necrest to	vn)
		H. NAME OF HOSPI OR INSTITUTION MEMORIA	MEMORIAL HOLL & WARWICK	SPITAL AVES.	[ess]	d. STRE	BROWNI	NG ST	REET		ON	SIDENCE A FARM? NO [X]
	3.	NAME OF DECEASED Type or print)	First W:	illiam	ARTHUR	ŀ	lol LAR	4. DATE OF DEATH	API	- 54	28	Yeor 1956
	5. 5	MALE	WHITE	WIDOWED È		8. DATE OF I	BER 26.	1873	9. AGE (In years lost birthday) 82 yrs.		YEAR IF UNI	
1		Co-Operato	ON (Give kind of work do king life, even if retired) O'P	Bot t	D OF BUSINESS OR IND	JSTRY 11. BIRT	PENNA		ountry)		EN OF WHA	T COUNTRY
ya de ^{ya}	13.	FATHER'S NAME	GEORGE HOLLA	R			NCY MEA					
,	15. Yes	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. (If yes, give wor or dates of service) 214-05-8588 Memorial Hospital										
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Left Ventricular Failure IMMEDIATE CAUSE (o)									ETWEEN D DEATH Late	
		Conditions, if o	ALQO./ DUE TO 73 days onditions, if ony, which 1 (b) Myocardial Fibrosis with Decompensation 73 days								ays	
		gove rise to immediate costs (a), stating the under-tying course last. DUE TO (c) Coronary Arteriosclerosis ?								-		
}	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\sum \) NO [X]										
י מן ופּ		20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	POS. DESCRIB	E HOW INJURY OCCURR	ED. (Enter notu	re of injury in P	ort I of Port	t II of item 18.)			
	MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 19	20d. INJUI While of work	Not while	LACE OF INJU octory, street, o	RY (Home, farm office bldg., etc.	20f. (City	or town)	(Co	unty)	(Slote)
burial, or		21. I certify to	hat I attended the April 27,	deceased	fram 2-16- , and that deat		66 , to	4-28-			st saw the	
priar ta b		ACTUAL SIGNATURE	June	Jue	or and		4	FODRESS (SI	eet, Cum	stote)		ATE SIGNE
5		PHYSICIAN'S NAME (Type)	Samuel M. Ja	cobso	n.M.D.							
the registrar	220	BURIAL CREMATIC REMOVAL (Specify BUT 12)	May 1, 19		Co. NAME OF CEMETERY B				rion (City, town, o		isio	ite)
	23.	FUNERAL DIRECTOR	rs signature . Scarpelli,	Cumbe	ADDRESS erland, Mary	land.	242 REC'I	BY REGIST		TRAP'S SIGN		M.D
								7			0	

YAN:

16 V - RIA

's 'A ATTIME

of this	MARYLAND STATE DEPARTME	ENT OF HEALTH—BALTIMORE, 18	03483									
registrar within 72 hours after death. After by the funeral director, the third copy of	3543 CERTIFICAT	E OF DEATH Reg. Dis	t. No. 9									
후=	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED										
the the	COUNTY Allegany MARYLAND	STATE Maryland COUNTY All	egany									
or,	CITY (It outs'de corporete l'imits, write RURAL LENGTH OF STAY	CITY (if outside corporete limits, write RURAL and give ne	arest town)									
Per Per	Frostburg 5 wks.	TOWN Frostburg .										
2.4	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1									
thin eral	street ADDRESS Miners Hospital	68 W. Main St.										
≨ē	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month)	(Dey) (Yeer)									
stra:	(Type or Print) WILLIAM HOCKING	JEFFRIES DEATH Apri	1 1. 19 56									
ige.	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH 9. AGE lest birthday IF UNDE	R 1 YEAR IF UNDER 24 HR									
8.5	male white (Specify) single 10-	30-1871 84 yrs.	Jeys Hours Min.									
£72	file. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT									
[] [] []	relified) Manager Lumber vard	Maryland	USA									
P 수 원	13. FATHER'S NAME	14. MOTHER'S MARDEN NAME										
le f	Samuel Jeffries Mary Susan Hocking											
te t	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no, or unk.] (If Yes, give wer of detes of service)	17. INFORMANT & ADDRESS										
ifica urial	220-16-5693	Charles Jeffries, Fro										
The law requires that the death certificate be filled with the ted by the attending elevation and completely filled in should be detached for use as a burial transit permit.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH									
cian as	MMEDIATE CAUSE (A) Lerecree	· Jelleson	Seneral									
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res Hen	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING											
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는 수 한	21a, ACCIDENT WAS UNDERLYING [21b, PLACE (Home, ferm, lectory,	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	nty) (State)									
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)		mry; (sener)									
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z de de	alive on John 19.5 6 and that death occurred a	of 1.30 PM, from the causes and on the date state	ed above.									
has tificat	SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNE									
NELL III	COUNTERNE M.D.	Front rue MA	4-3-5%									
certificate hadeath certific	23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OF REMOVAL (SPECIFY)		y) (Stefe)									
	Burial 4-3-1956 F'bg. Memo	orial Park Frostburg										
2 %	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS M.A									
	DATE 7- 2-46 NUG. / LAULUL /Y. K/2-1	J. R. Durst, Frostbu	ng, ma.									

the death certificate be executed within 24 hours after death.

The bottom copy may lie retained by the Lospital or attending plysician,



hin corpora	ree g	linen		AND ST			ENT OF HEALTH			eg. Dist. No.	3484
ed with	1.	PLACE OF DEATH	Allegany		YRAM	'EAND	2. USUAL RESIDENCE (W. o. STATE		d. If institutions b. COUNTY	Residence before	
d be fit	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)										
by the fund	7	OR INSTITUTION	·land TAL (If not in hospitol, g ·rod Heart, F			rs	d. STREET ADDRESS			/ •	IS RESIDENCE ON A FARM? YES NO
led in b	3.	NAME OF DECEASED (Type or print)	Fin		Middle		Lost	4. DATE OF DEATH	Month 3 %	Day	Year 19 56
Page 1	5.	SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIE	ED 🔲	Kean B. DATE OF BIRTH	9. A	st birthday) N		F UNDER 24 HRS Hours Min
camplet sopers. sth.	10	1 ale o USUAL OCCUPATI during most of wo	White ON (Give kind of work of king life, even if retired)	lone 10b. KIND	-		6-7-94 STRY 11. BIRTHPLACE (Stole		31 ym.	12. CITIZEN OF	WHAT COUNTRY
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U)		1 Kean	CE57 16. SOCI	AL SECURITY NO	. 17. H	Mary Land	lwehr Kea	Address		
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r use as the amotion,	MEDICAL	20c. TIME OF INJU		While	Y OCCURRED Not while at work	20e. Pul foc	RCE OF INJURY [Home, farm tary, street, affice bldg., etc.	n. 20f. (City or to	own)	(County)	(Stote)
After 1 hed for riol, cr		21. I certify t	not I ottended the	deceased f		31		7/9 01/1001			w the deceosed
RECTOR: be detac		ACTUAL SIGNATURE	Miller	eleer	2 2	-	M.D. 49 Green	ADDRESS (Street,			DATE SIGNED
ERAL DI 3 shauld gistror pr	-	PHYSICIAN'S NAME (Type)	B. Mali	hews	(M				Danis	A	1.142
O FUNER page 3 s the regist		BURIAL CREMATION OF THE PROPERTY OF THE PROPER	4/12/56				& Pauls	Cumber		ryaand	(Stote)
A15 (4) \ 9/55	23	Charles	L. George	Cumber	ADDRESS land, Ha	ryla		D BY REGISTRAR	24b. REGISTR	trank.	M. D.
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TO HOSPITAL OR ATTENDIAGE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

3 Antum

7 I : 1 837

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate limits 034853514 CERTIFICATE OF DEATH Reg. Dist. No. . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND Maryland 16. any b. CITY OR TOWN (If outside corporate fim'ts, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs de corporate limits, write RURAL and give negrest town) RURAL and give negrest town) o Guiderland vears Camberland d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 572 Cromwell Terrace 574 Cromwell YES T NO T Terrace NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) Eisie Kilrov DEATH Lavene Abril 1956 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8 DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Female Thi Le Dec. 1900 WIDOWED [7] DIVORCED [7] YES 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) livusenceper Home Frostburg. Mu. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank STAT'K Julia Miller IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 E. C.Kilrov na none Sr. Cumberland. 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) gove rise to immediate DUE TO couse (b), stoling the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19. WAS AUTOPS PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) S 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) WEDIC Hour a. r. factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from 195_Shat I last saw the deceased alive on. , and that death occurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S George M. Simons. M.D. NAME [Type]

22c. NAME OF CEMETERY OR CREMATORY

Cem.

HILLCI dou

ADDRESS

VS A15 (4)

.I. Lee Silcox Jumperland

18/55

220. BURIAL, CREMATION, 226 DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

240, REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

(Stole)

22d. LOCATION (City, town, or county)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No...

3544

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Allegany STATE Maryland COUNTY Allegany COUNTY MARYLAND CITY (It outside corporate limits, write RURAL and give neetast town) (If outside corporate limits, write RURAL LENGTH OF STAY and, give nearest town) (In this pleca) Westernport TOWN Westernbort TOWN HOSPITAL OR STREET (If rurel give location) INSTITUTION OR **ADDRESS** Front Street Front Street STREET ADDRESS (First) (Middle) (Lost) DATE (Month) (Day) 3. NAME OF (Year) DECEASED OF May Kohne Clarissa DEATH ADP'1 1,56 (Type or Print) 6. COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED Months Days Hours Female (Specify) Widowed 61 20 May 1894 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY **COUNTRY?** Hoorefield. W. Va. SA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lee Whetzell Sarah Bean 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (If Yas, give wer or detes of service) (Yes, no, or unk.) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH neus IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 20. AUTOPSY 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION NO F YES 21a. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21a, INJURY OCCURRED 217. HOW DID INJURY OCCUR? (Year) White Not while el work at work 22. I hereby certify that I attended the deceased from 195 19.5.6... that I last saw the deceased alive on. and that death occurred it M, from the causes and on the date stated above. SIGNATURE M.D. -56 BURIAL, CLEMATION, REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Philos Burial 4-12-56 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **SUNERAL DIRECTOR'S SIGNATUR**

The law requires that the may be retained by the hospital PHYSICIAN IUMITAL DIVICTOR:

Γ S 1.

ATTENDING PHYSICIAN OR MOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3506 CERTIFICATE OF DEATH

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Bag	Diet	No 4	

ŀ	1. PLACE OF DEATH	Reg. Dist. No
	Allegony	2. USUAL RESIDENCE (HOME) OF DECEASED Allega
-	COUNTY MARYLAND CITY (Il outside corporate limits, write RURAL LENGTH OF STAY	STATE COUNTY COUNTY CITY (II outside corporate limits, write RURAL and give neerest fown)
	OR and give nearest town Cumberland 10/13/53	TOWN Frostburg
-	HOSPITAL OR INSTITUTION OR Allegany County Infirmary STREET ADDRESS	ADDRESS 163 McCulloh Street
Ī	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Y
	(Type or Print) John A. Ro	opper, Sr. DEATH April 6,
	5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, Specifyl Widower 5/16	6/1879 9. AGE lest birthday IF UNDER 1 YEAR IF UND Months Days Hour
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if or INDUSTRY retired) Retired - Carpenter - Mining	II. BIRTHPLACE (State or foreign country) Czecho Slovakia 12. CITIZEN OF W COUNTRY? U. S. A
ŀ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
П	George Kopper	Susan Sova
ľ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
4	(Yes, no, or unk.) (If Yes, give wer or deles of service)	Allegany County Infirmary Re
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BE ONSET AND
1	IMMEDIATE CAUSE (A) Mulcul	nary Kipostonia 487
П	ANTECEDENT CAUSE(S) DUE TO	70 Waite 3
1	DISEASES OR CONDITIONS, IF ANY, (B)	3 Réportifées :
1	STATING UNDERLYING CAUSE LAST, DUE TO	asterioseleron >
-	TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	En Pollition ?
-	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTO
-	24. ACCIDENT MAS CHINEDINAS CO.	YES 🗍 N
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, affice bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (County) (Ste
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 2 ls. INJURY OCCURRED While Not while et work at work 1	ii. HOW DID INJURY OCCUR?
	22. I hereby certify that Lattended the deceased from Oct 13	3, 19,52, to Upr. 10 16, 19 16, that I last saw the d
2	14 1 1 1	M, from the causes and on the date stated above. ADDRESS (Street, city, towg, state) DATE S
2	Januar. The Lean M.O.	49 Treese S. 4-6
	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR C	REMATORY LOCATION (City, lown, or county)

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AND REMARKS OF	ri pera		le saat ta	ć	3509	CERTIF	ICA 1	E OF DEAT	Н		Rea. Dist.	0349	12
director.		1.	PLACE OF DEATH b. COUNTY	legany		MARYLA	- 1	USUAL RESIDENCE (Wo. STATE		lived. If institution b. COUNTY		before admis	sion)
eral be f	01		CITY OR TOWN (I	f autside corporate limi	ts, write c.	LENGTH OF STAY IN	16	c. CITY OR TOWN (IF		ote limits, write R	URAL ond give	e nearest tow	n)
\$ 50 ×	40	_	Gumberl	and		IO Yrs		Cumberl	and				
W > CO /	lii ji		OR INSTITUTION	AL (If not in hospital, g		672)		d. STREET ADDRESS	ntre Si			ON	SIDENCE A FARM? NO
4 hour	*Sandard Part 9	3.	NAME OF DECEASED	Fir		Middle		Lost	4 DATE OF	Mon	th	Day	Year
in 2 fille			Type or print)	Minni		<u> </u>		Levin	DEATH	April		26	1956
Fig.		5.		6. COLOR OR RACE				DATE OF BIRTH	5	AGE (In years last birthday)		FEAR IF UND	Min.
nple			Female USUAL OCCUPATION	White	WIDOWED [_		Unknown	oc foreign con	72 yrs	12 CITIZE	N OF WHA	T COUNTRY
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e be ex an and carbon after de		13.	FATHER'S NAME	11770	1 OWI	1 DOME		RUSSIA 14. MOTHER'S MAIDEN	NAME		lus.	A	
	1		Joseph	Lansman				Unknow	n				
ertificat physici remave 2 bauts		15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOC	IAL SECURITY NO.	17 INFO		~ *	Addr	were .		
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deat tend plea				TH [Enter only one co		r (o), (b), and (c).]						INTERVAL BI	ETWEEN DEATH
the of he of			PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		oro Vascul	ar A	ccident (H	lemorrh:	ige)		Immedi	ate
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res ermi			Conditions, if or gove rise to in	mmediate (DIWT WIRE	LIOS	rerosis					
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ending ficate h the bur ar rem		CERT	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				Enter noture of injury in	Port 1 or Port	II of item 18.)			
PHYSIC al or alt his cert use as		MEDICAL	20c. TIME OF INJUR Hour q. m. p. m.	Y Month, Day, Yes	White	Not while of work	e. PLACE factor	OF INJURY (Home, formy, street, office bldg., et	m, 20f. (City o	or town)	(Cou	inty)	(State)
2 to 1			21. I certify th	at I attended the	deceased 1	fram October	- 3.	, 19.55, to Ar	oril 26	19 56	.that I las	st saw the	deceased
N.D.			alive an_Apr					ccurred at 6:00					
det de la				1	1	*			ADDRESS (SIn	sel, city or lown,	stote)		ATE SIGNED
OR / ned to DIREC d be prior	e de la companya della companya della companya de la companya della companya dell		ACTUAL SIGNATURE	suntel	per	1000	M.E	50 Pers	shing S	treet			11 27,
			PHYSICIAN'S NAME (Type)_Sat	nuel M.Jaco	bson.	M. D.		Cumbas	cland.	wa.		19	56
S 84 0 0		220	BURIAL CREMATIO	N. 226. DATE THEREC		c. NAME OF CEMETE	RY OR C			ON (City, town, o	r county)	(Sto	te)
포 연도 함 하			REMOVAL (Specify)	1./27/5		East View				berland		farvlar	
5 5 5 5		23	FUNERAL DIRECTOR			ADDRESS	0 -0			AR 246. REGIS			. 1
VS A1S (4) 15M 9/5S			Louis S	tein, Inc.	Cu	mberland.	Md.	Apri	127.19	56 711.7	E-taan	ts. 11	200
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	1.	NACE OF DEATH	Allegan	У	MARYLAN	2. USUAL RESIDENCE P		sed lived. If Imitity b. COUNT		
L 17	T.	and give necrest/tey	mberlan	while RURAL	c. LENGTH OF STAY IN 11		ounide cor erla	porote limits, write nd		
/		L NAME OF HOSPI	rat or institution or ial Ho	N (If not in hos spital	pital, give street address)	d. STREET ADDRESS 324 Este	ella	St.		e, IS RES DEN ON A FARI YES NO
	-	NAME OF DECEASED Type or print)	Madeli		Middle B.	losi Martin	4. DATE OF DEATH	Month Apr		y Year 7 1956
		chale	colore	d WIDOWED		June 3-1921		9. AGE (In years fast birthday) 31 yrs.	Months Days	R IF UNDER 24 H
_ /	10a	USUAL OCCUPATION OF WORK	ng lite, even it retir	ed)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SHORE Springf:		4	12. CITIZEN	OF WHAT COUN
I)	13.	father's name John	n Carter			14. MOTHER'S MAIDEN I		ax		
0	15. Yes	MAS DECEASED ET	VER IN U. S. ARMED Iff yes, give wor or dak	FORCES? n al service)		MFORMANT Temorial Hos	spita	Address 1 recor	ds	
			ATH [Enter only one ATH WAS CAUSED B'	Yı Co	or (o), (b), ond (c),] ngestion of	lungs			200	renyal netween user and peath I
1		7/6,10 Conditions, if	DUE	10	xemia					
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	CERTIFICATION	PART II, OT	HER SIGNIFICANT C	ONDITIONS CO		NOT RELATED TO THE TERM				
		20g. EXTERNAL CA PRIMARY EF or CO CAUSE OF DEATH.	USE WAS INTRIBUTING TO			(Enter noture of injury in Por led and her			ght fir	re.
	MEDICAL	11 Hay (2. m.	2 00	にん While	NJURY OCCURRED 200. PT	ACE OF INJURY (Home, form ctory, street, office bldg., etc., NET S 10.11C) i	ringfie	(County)	(Stote
88						ove, held an Autops uicide 🔲, Homicide		nspection 📆, ndetermined c		, and find t
88			4		-			1		DATE SIGNED
88		ACTUAL SIGNATURE	4.VDr.	ming	Mix	M.D. CHIEF MEDICAL EX	WANINEK [J		
88		SIGNATURE	V.Demin	-	Mil	M.D. CHIEF MEDICAL EXAMPLE ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINE	* 🗆	18-195	56
88	E	EXAMINER'S II	V.Demin	g 11.b.	22c. NAME OF CEMETERY CO WOOdlawn Ce	ASSISTANT MEDICAL DEPUTY MEDICAL R CREMATORY THE CONTROL OF THE CO	AL EXAMINE EXAMINER (22d. LOCA	April April TION (City, lown, c	or county)	(State)



CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · countilegany o. STATE laryland b. COUNTY Legany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) LIRURALIONA PINE STOREST HWO! Weste moort d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION 2000 d. STREET ADDRESS e IS RESIDENCE ON A FARM? St. Lain ain YES NO IX NAME OF First Middle 4. DATE Month Yeor DECEASED Frank Seymour April Mavhew DEATH (Type or print) 19 56 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 9. AGE (In years lost bythday) B. DATE OF BIRTH Months Doys 1889 White 18.18 WIDOWED DIVORCED [10s. USUAL OCCUPATION (Give kind of work done) 10s. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Coal Line U.S.A. Westernport 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James Mayhew Amanda Sperling 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Westernnort no Frank avhew. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cosse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🖂 NO 😿 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) CERT OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) Hour a m While Not while of work 📑 of work p. m. 21. I certify that I attended the deceased from forb. ___, 19<u>46</u>__,that I last saw the deceased and that death accurred at 2200 M, fram the causes and on the date stated above. alive an Ma ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) bage **′**56 Bloomington id. oominton 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

V5 A1S (4) 15M 9/55 F

corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3511 CERTIFICATE OF DEATH

Reg. Dist. No. 496

1.	PLACE OF DEATH					2. USUAL RESIDENCE (WE	ere deceas	ed lived. If institution: Resid	lence befare o	dmission)
		legany		18.000	1100	Marv	land	6 COUNTY A1	legany	
	b. CITY OR TOWN (IF RURAL and give ne		s, write	c. LENGTH OF STAY	IN 16			porate limits, write RURAL an	d give nearest	lawn)
	- Cumberla			2hy 40 1	nin.	Cumbe	rland			
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	oddress)		d. STREET ADDRESS				RESIDENCE
_		Sacred He	art	Hospital		20 So		treet		S NO
3.	NAME OF DECEASED	Fir	it	Middle		Last	4. DATE	Month	Day	Yeor
	(Type or print)	Mari	-		Frac	e Mc Dermet	DEAT	H 4/	24/	19 56
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH			1	JNDER 24 HRS
_	Female	White	WIDOW	- 1-1		9/3/85		fast birthday) Manths		aves Min,
10	 usual occupation during most of work 	N (Give kind of work i ing life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLACE (State	or foreign	country) 12. (CITIZEN OF W	HAT COUNTRY?
	Housey			Own Home		Marv	land:	.Cumberla.d	U.S	.A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME	,	34.83-6.	
	Nelson	Long				FIA	zabet	h Mc Coll		
TS.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17, 1	NFORMANT		Address		
1 "	No	, ter and an end of the	N	one		Chart Jame	S I	HcDermott	TSU	South S
=	IR. CAUSE OF DEA	TH. (Enter only one co	use per li	ne for (a), (b), and (c).	1	Unio L M J J J J J J J J J J J J J J J J J J		A A A A A A A A A A A A A A A A A A A	LINTERVA	AL BETWEEN
		TH WAS CAUSED BY:		Corela	re	aport	exy		ONSET	AND DEATH
	4.7	DUE TO				J	1			
	Conditions, if an	which 1					v			
	gave rise to in	mediate								
П	cattse (a), stating t	he under- DUE TO								
۱.,	lying couse lost.) (c								
Ιĝ	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	NAL DISEA	SE CONDITION GIVEN IN P	ART 1(a) 19. V	VAS AUTOPSY ERFORMED?
₹									YE	S NO 🖸
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in	Part Lar Pi	ort II of item 18.)		
K	20c. TIME OF INJURY	Month, Doy, Ye	or 20d. I	NJURY OCCURRED	20e. Pt	ACE OF INJURY (Home, farm	. 20f. (Ci	ty or town)	(County)	(Stole)
WEDICAL	Hour o.m.	19	While	Not while		ctary, street, office bldg., etc		, ,	(400//	(0.0.0)
1 2	p. m.	17	at war	k ot wark			;			
	21. I certify the	at I attended the	deceas	ed from	-4	<u> </u>	<u> </u>	4-5, 10 that	I last saw	the deceased
П	alive on	4-24-16	12	, and that	death	occurred at 1130	1-	om the causes and on		
	P	> .		*		/ -	ADDRESS	(Street, city or town, state)		DATE SIGNED
	ACTUAL	C& Min	un	men		11x 5 6.	ct.		,	4.25 56
П	SIGNATURE	1	1			M.D	74-5			
	PHYSICIAN'S NAME (Type)	192	1 1/4	MERM	AN	N	C1.~	July 1	nd.	
22	BUR.AL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEM	ETERY C	PR CREMATORY	22d LOC	ATION (City, town, or county	1)	(State)
	REMOVAL (Specify)	4-27-5	S	St. Mary	75 (Cem	Cim	berland, d.		
23	FUNERAL DIRECTOR'S	SIGNATURE , AA		ADDRESS			D. BY REGI			
	franco 7	· Searlely		Years I a m I a	7 7	3	121	10.17/14 21	7-1-	$m \lambda$
با	All same	Color Black	(humberlan	16	· Naprice	delay	756110 1-120	Mrs. No	11.00.
6		- A. GTT	1			/		/	A.	

BUREAU V. S.

MEGENVEN 1 75 89A

wal.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	RE, 18
Wignia carpo	72.0	15012 CERTIFICATE OF DEATH	03497 Reg. Dist. No.
directo	1	PLACE OF DEATH o. COUNTY ATLITIONITY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If o STATE b. C	institution Residence before admission) OUNTY ATTITUTELINY
deoth id be f	/ [.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	
the f		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
hour and and	3	NAME OF DECEASED First Middle Lost 4. DATE OF	Month Day Year
hin 24 filler oges 1	-	(Type or print) JUDY DARDARA MOTARILINE DEATH	1 21 19 56
pletely mrs. P		FTTALE WITTE WIDOWED DIVORCED JUNE 13. 1918 7	thdoy) Months Doys Hours Min.
execute nd com n pope death.		during most of working life, even if retired) Student Public School NARYTAND	UNITED ST TES
a be o	Ī	FATHER'S NAME	
g physici remove 72 hours		DAVID McFARLANE WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. (If yes, give wor or doftes of service) None David McFarlane 705 Geph.	Address art Drive Cumb. Hd.
deoth ittendin pleose within 7		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
hat the oy the o. Then	o.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 421. 4 DUE TO Conditions, if ony, which) (b) Spre Throat	liveek
signed by it permits and in any		gove rise to immediate costs (a), stating the under: b)	1 was C
physicic physicic sas been ial-trons noval, ar	٥	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
tending ficote h the but			18.)
PHYSIC of or of his cert use as emotion		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 420e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) at work of work of work 150 towns.	(County) (Slote)
hed for riol, cr		21. I certify that I attended the deceased from $9-22-$, 1956, to $9-29-$ alive on $9-29-$, and that death occurred at $9-29-$ M, from the ca	1956, that I last saw the deceased
R ATTER d by the SECTOR: be detaction to but	,	ADDRESS (Stropt, city of	
retaine retaine ration of the properties of the		PHYSICIAN'S NAME (Type) L. FRINGS M.D. 57 G. PRU ST CUT	ERRIANO ED
MOSPITAL MOSPITAL MOSPITAL POSE 3 STATEMENT MOSE 3 STATEMENT MOSE 3 STATEMENT MOSPITAL MOSPIT		BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City.	
YS A15 (4)	2		b REGISTRAR'S SIGNATURE
15M 9/55	. L	onarres D. George	winds K. Yearn, W.

2 .V ...

'11 "

The bottom copy

NSTRUCTIONS

APAN CERTIFICATE OF REATU

ADDRESS

James F. Scarpelli, Cumberland, Maryland.

ē ē E € E E	e timto	NT OF HEALTH-BALTIMORE, 18
₹ ×	3513 CERTIFICATE	OF DEATH
er death.	0010	Reg. Dist. No
中年	S. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
s aft the	COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany
hours ctor, 1	CITY (if putside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give nearest town)
ecto e	OR end give neerest town) TOWN Cumberland 27 1 5 7 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOWN Cumberland
72 hours director,	HOSPITAL OR INSTITUTION OR	STREET (if sural give location)
트	/X STREET ADDRESS Sylvan Retreat	ADDRESS 227 Offutt St.
within	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
Tar 30		MCKETRICK DEATH April 7 19 56
registrar by the	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
2.6	RACE WIDOWED, DIVORCED, [Specify] 141 Figh	19. 1871 85 yrs. Months Days Hours Min.
<u>‡</u> .=	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT
を 世 /	done during most of working life, even if OR INDUSTRY ratirad) RSSS Housewife - Own Home	Loudon. Virginia U. S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ate be file!! with complemity filled al transit permit.	James Holt	Adeline Borongrox Blanchard
mæle rans	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
, U	(Yes, no, or unk.) (If Yes, give war or detes of service)	Addie M. Lewis, 227 offutt St., Cumb.M
and buri	18, MEDICAL CER	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSEI AND DEATH
d=th ysicial	MMEDIATE CAUSE (A)	e procariores
, E 3	DISEASES OR CONDITIONS, IF ANY, (B)	anterisocleroses.
# p.5	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	2
e at anding pletate for	(9)	ary agreence.
requires he atte	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Hisur hosis 3400 -
	DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
S IIII 23	178. MAJOR PINDINGS OF OPERATION	YES NO P
am has been manufed by centificate assembly should	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
TOR.	21d, TIME OF INJURY (Month) (Day) (Yeer) [Hour) 21e, INJURY OCCURED While Not while At work Sywork	216. HOW DID INJURY OCCUR?
ass.		25, 1953, to Copy 7th, 19.56, that I last saw the deceased
5		P. D.M. from the causes and on the date stated above.
ad in the second	SIGNATURE &	ADDRESS (Street, cily, town, state) DATE SIGNED
C. C.	Spices 6 12 Leau M.O.	49 Trees St. 4-8-56
FUNERA Certifical death cert	23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	
Certi deal A15C	Burial April 10, 1956 St. John	s Benetery Ellicott City, Maryland.
2 0	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

DEVEDENTED SON. V. S. V. UASHINA

To a second

Within	1 corporat	1	lmtr#	MARYLAN Item 8.	OD STATE DEPAR	MENT OF	HEALTH-BAL	TIMORE, 18	0	3500
				25	CERTIFI	CATE OF	DEATH	R	eg, Dist, No.	4
director		1.	PLACE OF DEATH	llegany	13	STATE	SIDENCE (Where decease Maryland	d lived. If institution: b. COUNTY	Residence before Allegan	odmission)
e fi	4	100	b. CITY OR TOWN	(If outside corporate limits, wr	ile c. LENGTH OF STAY IN	16 c. CITY OR	R TOWN (If autside corpo	orate limits, write RUR/	AL and give neare	it town}
the funer			Cumberla	nd		Lone	aconing		у.	
ors of by the d 2 sho	X	1	OR INSTITUTION	ITAL (If not in hospital, give st d Heart Hos		d. STREET	ADDRESS ain Street	:	/	IS RESIDENCE ON A FARM? (ES NO
n 24 ha Filled in tes 1 on		3.	NAME OF DECEASED (Type or print)	DAVID First	Middle	MILLEM	R 4. DATE OF DEATH	April	7th. Doy	19 ⁵⁶
70	i .	1	SEX		MARRIED NEVER MARRIED		T0 ()		UNDER I YEAR IF	UNDER 24 HRS.
complet			Male		OWED DIVORCED		2 nd. 1/865	Oy ya.	- 7,	
e execut ond com bon pap	death.		Revired	rking life, even if refired)	Coal Mines		Scotland	ountry)	U.S.A	WHAT COUNTRY?
	off o	13.	FATHER'S NAME			14. MOTHER	'S MAIDEN NAME			
rtificate t physicion move cor	20	15	WAS DECEASED BY	ER IN U. S. ARMED FORCES?	iller	7. INFORMANT		Isabell	e Clark	
	72 hou	(Ye	es, no or unknown)	Ill yes, give wer or dates of service)	16. SOCIAL SECURITY NO.		Henry Meek	Address	# 1	
oding Se	, ri	-	NO LIR CAUSE OF DE	ATH [Enter only one cause p			os tourg, I			IAI ECTAFEA
the death me e attending ten please r	tu villa			ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Carbial	Thromb,	De la		ONSET	AND DEATH 3-4 Week
es that ed by th mit. T	ony evo	1	Canditions, If a	OUE TO	Certains	Cupin	- Gene	intered	4.	1 - Syn.
require on. signer sit perr	nd in o		gave rise to cause (a), stating lying cause lost.	the under- DUE TO			Cere	Sind.		0
low I ysició been tran	0,0	NOL	PART II. OT	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMINAL DISEAS	E CONDITION GIVEN	IN PART 1(o) 19.	WAS AUTOPSY PERFORMED?
# P B P P P P P P P P P P P P P P P P P	è	2	00. 46669717711	(Westy	we trait	trul	act			ES NO NO
ficate the but	0, 04	L CERTIF	OR CONTRIBUTING	AS UNDERLYING (1) 20b. G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	IRRED. (Enter nature	of injury in Parl I or Par	! [l at item 18.]		`
tol or of this cert	remotian	MEDICA	20c. TIME OF INJU Hour a. gr. p. m.	w	od. INJURY OCCURRED 20/ hile Not while work at work	PLACE OF INJURY foctory, street, offic		or tawn)	{County}	(State)
T P	ol, c		7	hat, I attended the dec	eased fram	<u> </u>	4. 10 Rpms	7. 19-361	hat I last saw	the deceased
the toch	Paris de la company de la comp		alive an	Christ 1	2 and that de	ath occurred at		n the causes and treet, city or town, stat		stated above. DATE SIGNED
A D P	or or of		ACTUAL SIGNATURE	torge lei	hardy?	M.D.	Longram	iner, city or rown, star	1d. 7	1-7-17.
retaine RAL DII Should	1 45	L	PHYSICIAN'S NAME (Type)	George J. Ric	hards. Jr. M.	D) /		
HOSETAL nay be reta FUNERAL oge 3 shot	100 ac	220	BURIAL, CREMATIC REMOVAL (Specify BUT 141	ON, 226. DATE THEREOF 4/9/1956	MT. Savage	Y OR CREMATORY		TION (City, town, or o		(State)
E 6 0	-=	23.	FUNERAL DIRECTOR	R'S SIGNATURE	ADDOECC		24g. REC'D BY REGIST		AR'S SIGNATURE	
VS A15 (4 15M 9/55	9		George H	Eichhorn,	Lonaconing	, MD.	Weril 9,19	56 W.A.	tranta,	m. 2.
						,	/ /		0	

OBVERIVED AND V. S.

Burelu V. S.

DECEIVED.

15M 9/55

SALES TO

	mits	MARY	LAND ST	ATE DEPART				IMORE,		3503
		35	18	CERTIFI	CATE O	F DEATH	1		Reg. Dist. N	00119
1.	PLACE OF DEATH o COUNTY	Allegany		MARYLAN	TATE of STAT			lived. If institut b. COUNTY	ion: Residence bei	,
	b. CITY OR TOWN RURAL and give	(If outside corporate lim		ENGTH OF STAY IN	b c. CITY				RURAL and give n	earest town)
1	2 Cuimb	erland	40				Cumber	land		(
/:	OR INSTITUTION	TAL (If not in hospital, (144. Fre			d STR	144. F	erecer	rick St	,	*, IS RESIDENCE ON A FARM? YES/EX NO
3.	NAME OF DECEASED (Type or print)	Anne	tta	Middle	Mont	651 gomery	4. DATE OF DEATH	/pril	19	Day Year 1956
- 1	sex Pemale	6. COLOR OR RACE	7. MARRIED WIDOWED		_ ,	erth ry lz :		lost birthdoy) yrs.	Months Days	Hours Min.
10	aduting most of wa	ION (Give kind of work rking life, even if retired Ville) { _	n House			-	**	12 CITIZEN	OF WHAT COUNT
13	FATHER'S NAME	Tayl	or Oat	S	14. MOTI	HER'S MAIDEN N Mat	tie Oa	ts		
	WAS DECEASED EV	FR IN U. S. ARMED FOI	rervice)	AL SECURITY NO.	7. INFORMANT Char Le		ont cor		mberla:	nā. 14.
7	Conditions, if gove rise to couse (o), stoting lying couse lost	the under-)) -}	lest wed,	7 M	dio it	my the	Weter	Nrce,	SET AND DEATH
CERTIFICATION	20g ACCIDENT V	THER SIGNIFICANT CON VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)		HOW INJURY OCCI					VEN IN PAKI 1(0)	PERFORMED? YES NO
MEDICAL C		JRY Month, Day, Ye	White	Y OCCURRED 200 Not while of work	PLACE OF INIT	URY (Home, farm office bldg., etc	, 20f. (City (or lown)	(Count)	r) (Slote
	21. I certify alive on	that I attended the	deceased f		M.D. C				and an the d	saw the decease ate stated aba PATE SIGN
1				. / 1					•	
/	PHYSICIAN'S NAME (Type)	James/T. J	ohnson,	Jr. / M.D.						
7		ON. 25 DATE THERE		. NAME OF CEMETE		al Park		ON (City, town, umber 1	**	(Stote)

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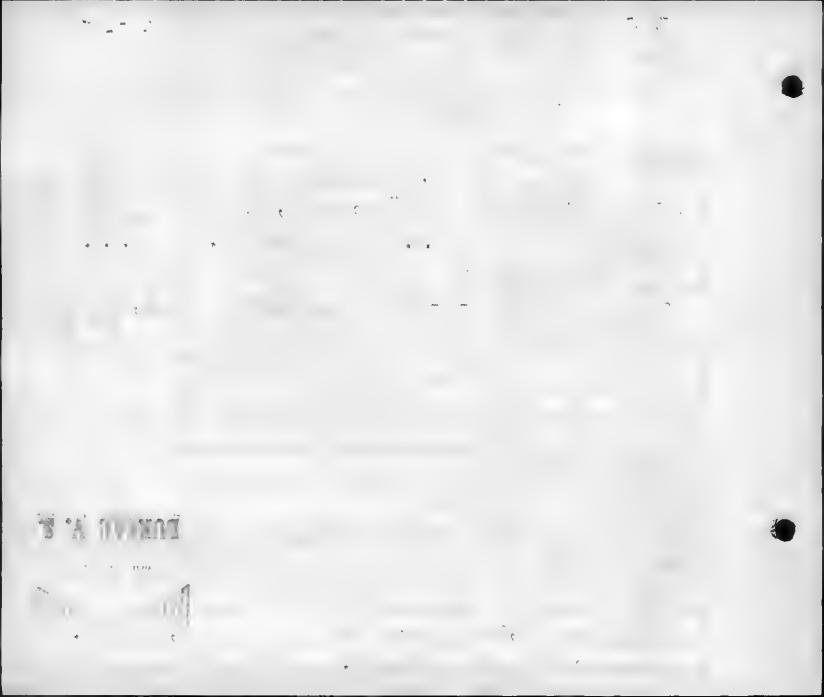
rhficote

DIRECTOR:

0

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15C 1-55 10M~

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03505

Within corporate limits 3519 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DEC	EASED
COUNTY Allegany	MARYLAND	STATE Maryla	and county A	llegany
	LENGTH OF STAY	CITY (If outside corp-	orate limits, write RURAL and	
CITY (if outside composate Limits, write RURAL OR end give nearest fown) TOWN にいかしゃりょかけ	(in this piece)	TOWN Cumber	al and	
HOSPITAL OR HOSPITAL OR	3Yra	STREET	(If rural give k	cetion
INSTITUTION OR		ADDRESS		, callony
STREET ADDRESS 758 Fayette St.			fayette St.	
3. NAME OF (First) (/	Aiddle)	(Lasi)	4. DATE (Month)	(Day) (Year)
/Time or fourth or	zabeth Mu	ırray	DEATH Apri	il I3 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, 8, DATE C			FUNDER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED, DIVO	DRCED,	1/1012	1.0	onths Days Hours Min.
Female White (Specify) Mar	ried IO/7	7/1913 II. BIRTHPLACE (State or fora	42 yn.	12. CITIZEN OF WHAT
done during most of working life, even if OR	INDUSTRY	II. BIKITIFLAGE (State of Iola	iğii contiită!	COUNTRY?
refired) Office Work	Newspaper			U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Joseph Coleman		Anna Deck	er	
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yes, no, or unk.) (If Yes, give war or dates of sarvice)	217 10 1061	Walter I	hamer Cambe	rland. Md.
NO	18. MEDICAL CER		rurray cambe	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	•			ONSET AND DEATH
. IMMEDIATE CAUSE (A) Corona	ry Occlusion			l hour
ANTECEDENT CAUSE(S) DUE TO	ry Arteriosc	lomonia		2
GIVING PISE TO THE ABOVE CALLSE	ry Arceriosc.	Terusis		
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		4 107 17 17 17 17 17 17 17 17 17 17 17 17 17		
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22. I hereby certify that I attended the deceas	ed from1-1-56.	, 19 to	-13-56., 19	that I last saw the deceased
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(fameer person	M.D. 50	Pershing S+.	. Cumberland.	Md. 4-14-56
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	r county) (Steta)
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24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATERIES 1456 W. R Fran	Ly M. N.	Louis Stein.	Inc. Gum	berland. Md.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY	alive on 4-25, 1936	and that death occurred	at	n the date stated above
Burial 4-29-56 Cabin Run Keyser V. Va. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR'S SIGNATURE ADDRE	My A			City town or county)

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retoine RAL Dii shauld strar pr		PHYSICIAN'S NAME (Type)				CUM	BERLAND	MD,	~~~~~~~~~~~
HOSP may be FUNE page 3 the regi		BURIAL, CREMATIC		F 22c.	NAME OF CEMETERY	OR CREMATORY	Cumb plan	or county)	(State)
VS A15 (4) 15M 9/55	23.	FUNERAL DIRECTOR	's SIGNATURE		ADDRESS	d . 249,5	EC'D BY REGISTRAR 24b. REG	GISTRAB'S SIGNATI	URE M
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3522 CERTIFICATE OF DEAT	
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eq.	Dist.	No	4

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	352	2 CE	RTIFIC	ATE	OF	DEA	ГН	Reg. Di	ist. No	4
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3. NAME OF DECEASE	(First)		(Middle)	Ų	ast)		4. DATE	(Month)	(Day)	(Yaar)
(Type or Print)	Stanl	ev	Jeorge	Popt	er		OF DEATI	Anri	1 1)	19 50
5. \$EX	6. COLOR OR RACE	7. SINGLE, MA	ARRIED.	B. DATE OF B		9.	AGE last birth		DER 1 YEAR	IF UNDER 24
Male	White	(Specify)	DIVORCED.	6/2	0/85	1	70	yrı. Month	Days	Hours N
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George						Helen	Higgin:	S		
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alive on	N.E.	1. 1	Dr	M.D. (much-	erlan			ud 4,	111/5
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SIGNATU / \ 2 23. BURIAL, CREA REMOVAL (S	ATION, DA	TE THEREOF								(Stele
SIGNATU	ATION, DA	ATE THEREOF CIT 13. 1 GISTRAR'S SIGNATION	956 Por	ter Ceme	tery	DIRECTOR'S SIG	Eckhar	t, Mary		(State

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3557 CERTIFICATE OF DEATH

Reg. Dist. No...... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Allegany COUNTY Allegany STATE Maryland MARYLAND CITY (if outside corporate limits, write RURAL and give nearest town) (If outside corporate (imits, with RUBAL # 220 LENGTH OF STAY (in this place) TOWN near Dawson, Md. R #3 TOWN Rural Keyser, W. Va. Vrs. HOSPITAL OR O. Address INSTITUTION OR Route STREET ADDRESS 3 Keyser, near Dawson. 3. NAME OF DECEASED (Middle) (Last) DATE (Month) (Type or Print) DEATH A or 11 Ezra Savage 1956 COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR HE UNDER 24 HRS White WIDOWED, DIVORCED, (Specify) Widowed March 7. 1882 Male 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS CITIZEN OF WHAT done during most of working life, even if retired Retired Farmer Own Farm USS.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie Dedrick James Savage 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unk.) Elwood Carskadon, R #3 Keyser. 215-14-6484 INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION 20. AUTOPSY? 19b. MAJOR FINDINGS OF OPERATION YES | NO [216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21L HOW DID INJURY OCCUR? 21a, INJURY OCCURRED While Not while at work at work 19:45PM, from the causes and on the date stated above. 19.1.7. that I last saw the deceased 22. I hereby certify that I attended the deceased from 19 day, and that death occurred ADDRESS (Street, city, town, stete) BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Burial 13/1956 Pleasant Valley Cemetery, Garrett Co., 25. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Oakland. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 in corporate limit. 3523 CERTIFICATE OF DEATH Rea. Dist. No. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) . COUNTY o. STATE Waryland **b. COUNTY** legany MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Comberlan 4 " Cla T4vrs Cumuserland. d. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Grand Ave. 40: Grand Ave. YES NO I NAME OF Middle Last 4. DATE Month Year DECEASED Hattie Mizabeth Saville (Type or print) DEATH 19.50 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths June 7. ISCJ WIDOWED 12/2 DIVORCED [7] yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife O'mhoi e TSA Hav. Va. 13. FATHER'S NAME Daniel Folford Tlizabeth Henderson 17. INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Fldridge P. Saville 40' Grand Ave. one 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO cattle (a), stating the underlying couse last. PAIT IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 17. WAS AUTOPSY PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. Not while at work of work 21. I certify that I attended the deceased from Lip. 26, 1956 to Caper 2 7, 19 Schot I last saw the deceased Σ 6, and that death occurred at $8^{135}P$ M, from the causes and an the date stated above. SIGNATURE PHYSICIAN'S Clay E. Durrett. NAME (Type) FUNE 220 BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) 5 - 1 - 56Salem Heth Cem. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240-REC'D BY REGISTRAR V5 A1S (4)

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COTPORE	a little	TENT OF HEALTH—BALTIMO	RE, 18
00150181	3525 CERTIFIC	ATE OF DEATH	Reg. Dist 0.3514/
	1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STAYE b	f institution: Residence before admission) COUNTY [N. 111876]
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits	s, write RURAL and give nearest town)
.)	d. NAME OF HOSPITAL (II no in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES	d. STREET ADDRESS 18 PERRY ST	e. IS RESIDENCE ON A FARM? YES NOVE
	3 NAME OF DECEASED (Type or print) ERNEST	Lost 4. DATE OF DEATH	Month Day Year APRIL 19 1956
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF SIRTH 9. AGE [lost b]	
1	MALE WHITE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY
1 1	Retired Boilermaker B. &. O. RR. W	esternport, Maryland	USA
	13. FATHER'S NAME JOHN SPRIGGS	Augusta Ross	
	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17.	INFORMANT	Address Ridgeley, W. Ya.
Ī	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED 81:		INTERVAL SETWEEN ONSET AND DEATH
	10 d > DUE TO T/	- THROMBOSES SCILROSIS, Gan	end 5 year
	tying couse lost.		(C.VIC 109m
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO, DEATH BE FULL WIOM OLD FLICTH. SC	in as + Fibrosi	YES NO DE
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of anjusy, in Part 1 or Port II of item	n 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED LOS. B. Hour o. m. While Not while of work o	tACE OF INJURY (Home, form, 20f. (City or town) actory, street, office bldgetc.)	(County) (State)
	21. I certify that I attended the deceased from alive an 17/15/14/18, 19/19, and that deat	h accurred at 9:254 M, fram the co	
1	ACTUAL SIGNATURE SCHOOLS COURSE COURSE	M.D. S. G. Street, city	or town, stote) DATE SIGNED
	PHYSICIAN'S S. G. Weisman, M.D.	Cu. bestand	lud
7	270. BURIAL CREMATION, 226. DATE THEREOF 27. NAME OF CEMETERY REMOVAL (Specify) Auril 21 1946 Hillores		r. town, or county) (Stote)
	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cump er la m.	24a. REC'D, BY REGISTRAR 2	16. REGISTRAR'S SIGNATURE M.A. TROMB M. D.

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VS A1S (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
355	8 0	ERTIFICATE	OF DEATH	4	

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					K	eg. Dist.	. No. //
1. PLACE OF DEATH o. COUNTY A1	legany	MARYLA	ND	2. USUAL RESIDENCE (Who STATE	ere deceased lived. If institution b. COUNTY		before admission)
b. CITY OR TOWN (I RURAL and give no Lonacon		ville c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If or	ulside corporote limits, write RUR	AL and giv	ve nearest town)
OR INSTITUTION	TAL (If not in hospital, give: Marys Terra			d. STREET ADDRESS St.	Marys Terrac	e	ON A FARM? YES NO T
3. NAME OF DECEASED (Type or print)	Arma.	Middle Reid		Stakem	4. DATE Month OF DEATH 4/25/1	956	Day Year
5. SEX	6. COLOR OR RACE 7	MARRIED T NEVER MARRIED	N 8	. DATE OF BIRTH	9. AGE (In years IF	UNDER 1	YEAR IF UNDER 24 HRS
Female	White w	DOWED DIVORCED		Feb, 1st. 18	368 8 yrs		Days Hours Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR I	INDUST	TRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
House	king life, even if retired) WOTK	Own Home		Lonaconi	ing, MD.	U.	S.A.
13. FATHER'S NAME				14 MOTHER'S MAIDEN N.	AME		
	lliam Reid				/ Sleam		
(Yes. no, or unknown)	R IN U. S. ARMED FORCES' (If yes, give wor or dates of service	7 16 SOCIAL SECURITY NO.	17. IN	FORMANT	Address		
No		None	M.	rs. Mary Bo	nig, Lonacon	ing,	MD.
18. CAUSE OF DE	ATH [Enter only one cause	per line for (o), (b), and (c).]	'n	(Daugh	ter)		INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: 1MMEDIATE CAUSE (6)	Cerebra	1	Throm 50	4-2		ONSET AND DEATH
522X	DUE TO						
Conditions, if a	mir sublab V	antonia		1 A 42 6	Greanlie of		125-
gove rise to i	mmediate (DUSTO	CC 1A, PC 14	4-	()		1
lying couse last.	the Under-						
	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	I BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	INI PART I	I WAS ALITORSY
ICATIO						INTAKL	PERFORMED?
	AS UNDERLYING (1) 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED	(Enter nature of injury in Pr	art I or Part II of item 18.)		
20c. TIME OF INJUR Hour a. n. p. m.		20d. INJURY OCCURRED 20 While Not while of work of work		CE OF INJURY (Home, form, ory, street, office bldg., etc.)		(Co	unty) (Slote)
21. I certify th	nat Lattended the de	ceased fram	1	19 12 10 1	5 Bart 19 STot	hat I la	st saw the deceased
alive an_2_1	Con he	1956 - and that de	eath :	accurred at 1215	IM, from the causes and		
(1 41			ADDRESS (Sireel, city or town, star		DATE SIGNED
ACTUAL	Ena Lich	rardon-	M	10.51 main	for consu	3/	had 4-26-50
PHYSICIÁN'S NAME (Type)	1)//						
220. BURIAL, CREMATIC PENOVAL (Specify)	A/28/1956	22c. NAME OF CEMETE Memorial		CREMATORY LTK	22d. LOCATION (City, town, or o	county)	(State)
23, FUNERAL DIRECTOR	27 297 2000	ADDRESS	- 7 - 8		Frestburg.	APIS SIGN	IATMPE O
	Eichhorn	Lonaconing	, M	D. DATE	BY REGISTRAR 246 PEGISTR	nelle	In Book

BUREAU V. S.

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While corpore	te Wmit-	MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	02516
		3526	CERTIFIC A	ATE OF DEATH	4	03516, Reg. Dist. No.
director.	1. PLACE OF DEAT	H Allegan y	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived If institut on	
he funeral	RURAL and g	/N (If outside corporate limits, write ve nearest town) umberland	12/9/53	Cumbe	outside corporate limits, write RUI Prland	
by the		ON Allegany Coun	ity Infirmary	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
illed in	3. NAME OF DECEASED (Type or print)	Charles	Middle R •	Steward	4. DATE Month OF DEATH April	3 19 56
withir letely f	5. SEX Male	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH 1/14/1906		FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
executed and compline poperadeath.	10a USUAL OCCU during most of None -	PATION (Give kind of work done 10b. working life, even if refired) handicapped a		Koyser,	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
te be corba	13 FATHER'S NAM		Steward	14. MOTHER'S MAIDEN I	ne Dawson	
ng physic 72 hours	15 WAS DECEASES		SOCIAL SECURITY NO. 17. II	NFORMANT Legany Coun	Addres	r. U. DUL 577
he deoth	PART I.	DEATH [Enter only one cause per li DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a) 18), and (c).	u Schero	is	INTERVAL BETWEEN ONSET MIND DEATH
that the by the is. The year	5 92 X Conditions,	DUE TO	Charia	12	setie.	?
oguires signed if perm id in o		ting the under-	Chronie	Zeatri	tis.	7
physicio os been iol-trons	PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO M
IAN: The ending factors have bur an rem	PART II.	WAS UNDERLYING THE 20b. DESTING CAUSE OF DEATH TIFY MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRED	Enter nature of injury in	Part I or Part II of item 18)	
PHYSIC of ar ath his certifuse as mation,	20c. TIME OF II		Not while Foo	ACE OF INJURY IHome, formationy, street, office bldg., etc.	20f. (City or town)	(County) (State)
pitno er h er h er h riof, cr		that I attended the deceas		h. 1953, 10C	Br. 4 Th., 1956.	that I last saw the deceased
ATTEN 3 by the ECTOR. Se detoch or to bu	actual	Harres 7. 4	Leau	occurred at 12.4	ADDRESS (Street, city or lown, st	d an the date stated above. DATE SIGNED 4-4-57
reloined RAL DIR should b	PHYSICIAN'S NAME (Typh)	Dr. James E.	McLean	49 Green	e St., Cumber	Land, Md.
HOSPI loy be a oge 3 s e regist	22a BURIAL, CREM REMOVAL (Spi	icify)	22c. NAME OF CEMETERY O		22d. LOCATION (City, fown, or	241
5 5 g =	23 FUNERAL DIREC		ADDRESS		Cumber land DBY REGISTRAR 246. REGIST	AR'S SIGNATURE
VS A15 (4) 15M 9/55	Jehn J.	lafer, Cumberland,	Md.	assil	6,195 a ack	thank, M.D



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 fifthin corporate limits 3527 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) e. COUNTY **b** COUNTY MARYLAND Marvland Allegany b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate timits, write RURAL and give nearest town) RURAL and give negrest town) should Little Orleans Cumbon I and THE d. NAME OF HOSP,TAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? 200 Sacred Heart Hospital YES NO T 2, NAME OF First 4. DATE Middle Last Month Day Year filled DECEASED Swain Arril 1956 (Type or print) Baby -TWIN#1 DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED K 9 AGE (In years lost birthdoy) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Thi'e Male WIDOWED | DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 40 physicie Novella N. Swain 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending p in please rei t within 72 l Patient's Chart. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN TVOCVITA STUNTUM ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO casse (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not while 19 p. m. ot work of work 19 56 that I last saw the deceased 21. I certify that I attended the deceased from alive on from the causes and on the date stated above. and that death occurred at_ 08. S. O DODRESS (Street, city or town, stote DATE SIGNED ACTUAL å DIREC FUNERAL DIR à. PHYSICIAN'S NAME (Type) Leland B. Ransom. M.D. e 9. 270/BURIAL, CREMATION. 22b. DATE THEREOF 220, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) O 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRES** 240 RECID BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55



Within corpora	te	
4 / =		3528 CERTIFICATE OF DEATH Reg. Dist. No. 4
oge with		PLACE OF DEATH o. COUNTY Allegany 2. USUAL RESIDENCE (Where deceased lived. If institut on: Residence before admission) o. STATE b. COUNTY Allegany
The dead		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland. 3 Hr. 10 15n Little Orleans
the f		d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS / e. IS RESIDENCE ON A FARM?
in by	3.	Sacred Heart, Hospital YES NO NAME OF First Middle Lost 4. DATE Month Day Year
Filled ges		DECEASED (Type or print) Baby Girl Swain TWIN #2 OF DEATH April 22 19 56 SEX 16 COLOR OF RACE 17 MARRIED TO NEVER MARRIED TO 8 DATE OF SIRTH 19 AGE (In verts LIF UNDER 17 FAR LIF UNDER 2 CHS)
s. Po	5.	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 19EAR IF UNDER 24 HS.
d comp o paper death.	10c	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Warvland 13 A
de be cian an carbon	13.	FATHER'S NAME
certification of physical removes 72 hours	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mother's Chart.
offending within	-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IN SU F.G. C.
s that the by the nit. The ny ever		Conditions, if ony, which) (b)
require: on. sit pern nd in a		gave rise to immediate cottse (a), stating the under- lying couse lost. DUE TO
physicia os beer ial-tran aval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum_{100} \) NO \$\frac{1}{2}\$
AN: Thending icole he burn or rem	CERTIFI	200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
PHYSICA control of the state of	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not work of work 12 of work 12 of work 13 of work 14 of work 15 o
MPTING Exter Face of the control, co		21. I certify that I attended the deceased from 22/1000, 19 6, to 22/2000, 19 6 (that I last saw the deceased alive on 12/1000, 19 50, and that death occurred at 10000 M/ from the causes and on the date stated above.
A ATTE		ACTUAL SIGNATURE SCIENCE OF COMMENTS STATE SIGNATURE SIG
PITAL OF REAL DISTANDIST		PHYSICIAN'S Leland B. Ransom, M.D.
MOSPIN MOSPINER Poge 3 s		REMOVAL (Specify) THEY TIGSTONE DESCRIPTION (Gity, town for county) SENTIAL TIGSTONE (Stone)
VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE (LANGUER) ADDRESS () ADDRESS () 240, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DESTRICTION OF THE CONTROL

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South or	110	MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE, 18
		3529 CERTIFICA	TE OF DEATH Reg. Dist. No. 4
	1,	PLACE OF DEATH o. COUNTY Allegany MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
		b CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town) Cumberland 45 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
FR		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 623. Lincoln St	d. STREET ADDRESS 628. Lincoln St ves No.
	1 1	NAME OF First Middle DECEASED (Type or print) Charles (Chuck) F.	Swarner DEATH April 30 1056
	5. 1		Peb 27 1911 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS lost, bethday) When the period of the
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	١.	usual Occupation (Sive kind of work done 106 KIND OF BUSINESS OR INDUSTI during most of working life, even if refired) Kelly-Springfie	RY 11. BIRTHPLACE (Slote or foreign country) eld Cumberland, Ad USA
1)		Daniel A. Swarner	14. MOTHER'S MAIDEN NAME Agnes Irwin
1	15. [Yes	is no of unknown) [[It] yes, gry wor of differ of service) 277_09_1.955	r. Wm. Swarner, Cumberland, Maryland,
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate course (o), stating the under-lying cause lost. [b] DUE TO DUE TO [c]	deal Shauster 4 marsh
\wedge	THECATION		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT 1 or Port 11 of Item 18.)
	MEDICAL CER	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLAC	CE OF INJURY IHome, form, 20f (City or town) (County) (State) bry, street, office bldg., etc.)
		11/1/5/10	22.19, ta
j		PHYSICIAN'S RICHARD VI	liams, MD.
	220	BURIAL CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OF ROSE HILL	
c	23.	ADDRESS Cumberlan	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
		, ,	



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3559 CERTIFICATE OF DEATH

Reg. Dist. No. /O

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECE	ASED	
COUNTY Allegany	MARYLAND	state Maryland county Allegany			
CITY (If outside corporate limits, write RURAL LI	ENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)			
Town Mt. Savage	(in this place)	TOWN M+	Savage		
HOSPITAL OR	TTTE	STREET	(If rura) give los	ration	
INSTITUTION OR STREET ADDRESS		ADDRESS	fit raint Biga on		
3. NAME OF (First) (Middle DECEASED	la)	(Lest)	4. DATE (Month)	(Dey) (Yeer)	
(Type or Print) ANNA (BARTE	1) (1	HL	PARK WILL A	ril 26. 19 50	
S SEX 6 COLOR OR 1.7. SINGLE MARRIED	I R. DATE O	F BIRTH	AGE lest birthdey	UNDER 1 YEAR IF UNDER 24 H	
emale white (Specify) widow	ved 3-9-1	.871	85 yrs. Mo	nths Days Hours Min	
IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF	BUSINESS	11. BIRTHPLACE (State or foreign	in complete	12. CITIZEN OF WHAT	
done during most of working life, even if OR INDU refired housework OWN I		Maryland		COUNTRY?	
3. FATHER'S NAME	TOILE	14. MOTHER'S MAIDEN I	NAME .	MCO	
John Barth		Martha			
	CIAL SECURITY NO.	17, INFORMANT & A			
Yes, no, or unk.) (If Yes, give wer or detas of service)	none	Clinton	Jhl, Charle.	ston, W. Va.	
	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	1.8	, , , _	ONSET AND DEATH	
MMEDIATE CAUSE (A)	an a	stan (1	ence	7 ans	
ANTECEDENT CAUSE(S) DUE TO)	- 11-	1	100.	
DISEASES OR CONDITIONS, IF ANY, (8)	pun	- Hear	musen	- armery	
GIVING RISE TO THE ABOVE CAUSE DUE TO	1 -1			The second second	
(C)	1 AM	nosew	420	sans H	
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR COND TION CAUSING DEATH.	mile	1-		V	
93. DATE OF OPERATION 196. MAJOR FINDINGS OF O	PERATION	-		2D. AUTOPSY?	
non				YES NO	
Ta. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, fan OF INJURY streat, office IF EITHER, NOTIFY MEDICAL EXAMINER)	m, factory, 2 bidg., atc.)	11c, WHERE DID INJURY OCCUR	? (City or town)	(County) (State)	
	IRY OCCURRED	21f. HOW DID INJURY OCCUP	.7		
M. Whila M. at work L	Not while				
		04	421 . 17	1 . 4 4	
22. I hereby certify that I attended the deceased					
alive on Offer 25 19 5 C, and that	death occurred at		auses and on the date	stated above.	
SIGNATURE		ADDI	ESS (Streat, city, town, sta	DATE SIGNE	
Julian 7 Mer	2 M.D.	Crunt	when	and	
3. BURIAL, CREMATION, DATE THEREOF N. REMOVAL (SPECIFY)	AME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	county) (Stata)	
	St. George	Cemetery	Mt. Sava	re. Md.	
4. REC'D BY REGISTRAR TREGISTRAR'S SIGNATURE	000250	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
11-25-107 1/2 01/1	10 1 -st	T. R. Dur	st, Frost	hurg. Md.	
DATE 4-28-1956 V2ronice 311	A semule	e a Ita Dul.	Jus Tion	burg, rue	

Per Cu.

T'A natia

115 Vinne John

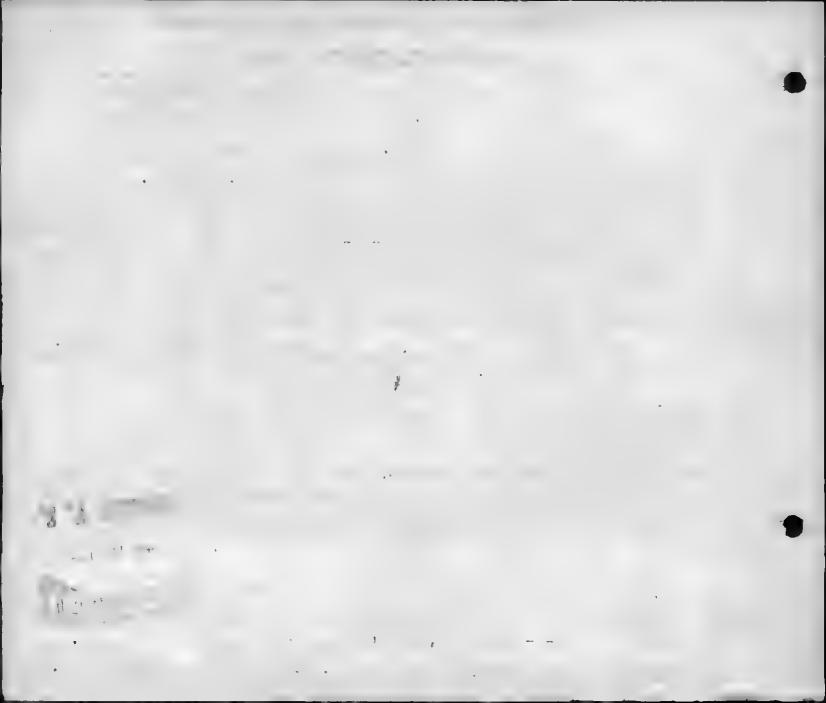
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03521

3548 CERTIFICATE OF DEATH

Reg. Dist. No......

1. PLACE OF DEATH		2, USUAL RESIDENCE (HOME) OF DECEASED				
county Allegany	MARYLAND	STATE Marvl	and county A	lleganv		
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		rate Hmits, write RURAL and give n			
OR and give nearest town) TOWN Frostburg	(In this place) + hrs.	TOWN Frost	burg	\$ 2 ^A		
HOSPITAL OR	7 7 7 7 7	STREET	(If rursf give focation	n) .		
INSTITUTION OR STREET ADDRESS Miners Host	oital	ADDRESS 166	W. Main St.			
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)		
(Type or Print) FLORENCE	(McKENZIE)	WARNE	DEATH Apri	1 5, 1,56		
5. SEX 6. COLOR OR 7. SINGLE, /	MARRIED, 8. DATE O		/ - II	ER 1 YEAR IF UNDER 24 HRS.		
female white (Specify)	married 11-2	22-1894	61 yrs. Months	Days Hours Min.		
10e. USUAL OCCUPATION (Give lend of work done during most of working fife, even if	DR INDUSTRY	11. BIRTHPLACE (Stelle or foreign	gn country)	12. CITIZEN OF WHAT		
	own home	Maryland		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME			
Cletus McKenzie	9	Martha	Hetz			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS			
(Yes, no, or unk.) (If Yes, give wer or dates of service)	none	Stanley W	Jarne, Frostb	urg. Md.		
	18. MEDICAL CE			ONSET AND DEATH		
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DI	EATH /	7-280		ONSEI AND DEATH		
IMMEDIATE CAUSE (A)	676-7860i	VIE 174 11	Alyx.	1 1 1 1		
ANTECEDENT CAUSE(S) DUE TO	Cash : Ti	7		Sintich (
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Fif pursiles			taker		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
198. DATE OF OPERATION 196. MAJOR FIND	INGS OF OPERATION			20. AUTOPSY?		
OL ACCIDENT WAS INDEDINING CT 1 OF PLACE	Mana dan labara	21c, WHERE DID INJURY OCCUR	2 (Chu an taum) (Ca	YES NO 1		
218. ACCIDENT WAS UNDERLYING [] 216. PLACE OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY SI (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factory, treet, office bldg., etc.)	ZIC, WHERE DID INJURY OCCUR	(Ce	iomy; (siere)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	211. HOW DID INJURY OCCUP	17			
M.]	at work et work					
22. I hereby certify that I attended the	deceased from	II., 1927, 104 Lill		I last saw the deceased		
alive on 44. 2	and that death occurred a	the com the c	auses and on the date sta	ted above.		
SIGNATURE 2 N	C 701 1	ADDI	RESS (Street, city, town, state)	DATE SIGNED		
in the first	7.72 M.D.	F. W. 7.7	tinta)	4-5-26		
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or cour	nty) (Stella)		
Burial 4-5-1956	5 St. Anneli	s-Cemetery :	Avilton.	Md.		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	ATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		
DATE 4-5-56 DILL HOW	11011 N. KAS	J. R. Durs	st, Frostb	ourg, Md.		



ENTERN A. E.

া শালাগুরাপা

ADORESS

James F. Scar elli, Cumberland, Md.

240 / REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

Entern k. S

1 HAA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03524

	3	1532	CERT	IFIC.	ATE OF D	PEATH			Reg. Dis	l. No.	4
1. PLACE OF DEATH a. COUNTY	Alle	guny	MAR	YLAND	2. USUAL RESID	aryl		lived If institut b. COUNT		e before odmi .egany	ssion)
RITRAL and give negrest town			5 Month		c. CITY OR TOWN (If outside corporate limits, write Cumb erland			RURAL ond g	ve nearest tov	vn)	
d. NAME OF HOS	PITAL (If not in haspita 100 - 1.1		Street		d. STREET A		ullen	Stree	t		A FARM?
3. NAME OF DECEASED (Type or print)		find (qele			\.il]		4. DATE OF DEATH	Apr		25	Year 19 5 6
s sex Female	6. COLOR OR RAC	E 7. MARI	RIED NEVER MARRI		B. DATE OF BIRTH April 1	н L7 18	may 2004	AGE (In years last birthday)		Days Hours	
during most of w	TION (Give kind of wo orking life, even if reti SE WITE	rk done 10b. red)	Own House			ACE (Stote of	n foreign cou	·Va.	12 CITI	USA	T COUNTRY
13. FATHER'S NAME	John V	Voody	ard		14. MOTHER'S		ame a Bar	bee			
IS WAS DECEASED E	VER IN U. S. ARMED F	ORCES? 16. of service)	None		rs. W.I	.Ran	ck,	Cumb er	lana,	laa.	
Conditions, if gove rise to couse (a), statin lying couse las	ony, which immediate g the under-	(c) 10 (b) 12 (c) 12	ephre	les	che che	rie	cile C			TO L	Cogs.
20a, ACCIDENT V	THER SIGNIFICANT CO	20b, DES	CRIBE HOW INJURY C						VEN IN PART	PERF	AUTOPSY ORMED?
20c. TIME OF INJU	URY Month, Day,	1	NJURY OCCURRED Not while	20e. PL/ fac	ACE OF INJURY (Hame, farm, bldg., etc.)	20f. (City o	r lawn)	(C	ounty)	(State)
21. I certify olive on ACTUAL SIGNATURE	that I attended to		sed from yard that		2. 19.50 occurred at	1025 F	M, fram		ond on th	e date stat	
PHYSICIAN'S NAME (Type)	B.M.	wihe	WS M	D.	<u>C</u>	ulu	ter	lares	1	mid	
220. BURIAL, CREMAT REMOVAL (Specif		28/5			r crematory Cemeter			on (City, town, ark,	Onio	(219	ite}
23 ELEVERAL DIRECTO	OR'S SIGNATURE	14	ADDRESS	nd	1.3	2404 REC'D	BY REGISTR		ISTRAR'S SIGN	NATURE	on N

VS A15 (4) 15M 9/55

BUREAU V. 8.

3 % AVLUME

9961 P 201 13051

BUREAU V. S.

3261 7S A9A

		PLACE OF DEATH S. COUNTY Allegany MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If Institution, Resider o. STATE I.G. b. COUNTY A. 1. 1.	ecanv						
	1	c. CITY OR TOWN (It autide corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest town)								
	2	Cumberland 50 years	Cumberland							
00		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 105 South George St.	d. STREET ADDRESS 105 South George St.	ON A FARM?						
	न	NAME OF First Middle DECEASED Type or print) Fired W.	Wiltison 4. DAYE Month OF April	Doy Yeor 15 19 56						
	5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In your lest burhder)	YEAR IF UNDER 24 HRS.						
		male white WIDOWED DIVORCED	1 eD . 1 / - 10 / 3 03 ym.	Days Hours Min.						
1	100 R	usual OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU uring most of working life, even if retired) Etlred Painter House painter	0 - 1 - 01 - 7 7 01 1	S.A.						
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	Rdmond Wiltison Clara Matchell									
0	15, Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 120 116 year, give wor or dotes at services 215-26-9753 (1)	prother) James Wiltison, Burli	ngton.W.Va						
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH						
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial h	emorrhage	sudden						
		476× DUETO								
		gave rise to immediate couse (evolver wound in right							
			n.(Self inflicted)							
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
			Enter nature of injury in Part I or Part II of item 18.) th a 32 caliber revolver.							
boı	WEDICAL	20c. TIME OF INJURY Month, Day, Year Hour 7 7 5 19 56 of work 1 work 1 of work 1	ACE OF INJURY (Home, form, 20f. (City or fown) (Country, street, office bldg., etc.) ROME Cumberland 417	, ,						
1001		21. I certify that I taak charge of the remains described ab		Ocany Mc						
		death resulted fram: Natural couses, Accident, Sci	icide , Homicide , Undetermined cause .	La, cha ma ma						
2		SIGNATURE A. J. D Eming M. D.	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED						
		EXAMINER'S	ASSISTANT MEDICAL EXAMINER							
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	DEPUTY MEDICAL EXAMINER DE April 16-1							
	220	REMOVAL (Specify)		(State)						
	23.	Burial 4-19-1956 Burlington FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE						
		Charles L. George Cumberland, Md.	Phy: 18 10 1 711 1 712	+ MX						
				1/h 1/1/ N						

TORS MEDICAL EXAMINER I CERTIFICATE OF DEATH

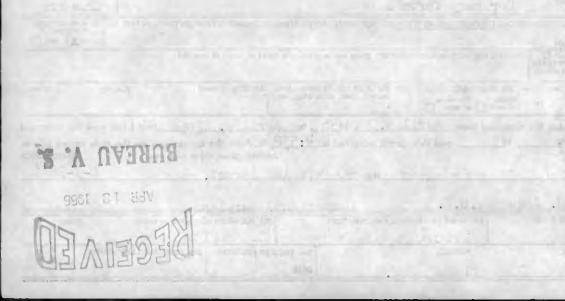
TORS MEDICAL EXAMINER I CERTIFICATE OF DEATH

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